

REDACTED VERSION

**SUMMARY REPORT  
WESTBANK ASBESTOS REMOVAL PROJECT  
PERIOD OF 12/1/99 THROUGH 12/23/99**

**PREPARED BY:**

**IT CORPORATION  
2790 MOSSIDE BOULEVARD  
MONROEVILLE, PENNSYLVANIA 15146**

**FEBRUARY 2000**

The sites addressed during this period are summarized in the following table:

Site #	Address	Comment
101	(b) (6)	This site was completed by others prior to IT arriving at site.
531		Phase II, hand excavation
992		Phase II
1053		New site
2026		New site, large foundation
2028		New site, hand dig
2029		New site, vacant lot

### RESTORATION

Upon completion of the ACM removal at each site, the site was restored as agreed with the property owner. This restoration consisted of concrete, limestone or sand and sod depending on the location of the asbestos removal. A local subcontractor was contracted to place concrete at sites 1053 and 2028. Limestone and sand was delivered to each site as required by a local vendor and placed by IT. Any sod required was also placed by the IT personnel.

Prior to the ACM removal activities beginning, one additional site was addressed to resolve an issue from the previous activities at the site. At site #1138, (b) (6) Marrero) a concrete slab was placed to extend a driveway which had been previously poured during the project. The homeowner was not satisfied with a portion of the previous work and the USEPA agreed to resolve the matter. In lieu of removing the unsatisfactory portion of the slab, the homeowner agreed to have the driveway extended by an amount equal to that which would have been removed. A letter documenting this work was prepared and signed by both parties and a copy is attached to this report.

### DEMOBILIZATION

At the completion of the ACM removal and restoration activities, the equipment and trucks were returned to the local vendors and the project team was demobilized. The documentation from the site was shipped to IT's Pittsburgh office to be included with the project files.

### ATTACHMENTS

- A Rapid Response Quality Control Daily Reports
- B Tailgate Safety Meeting Reports
- C Site #1138 Driveway Extension Agreement
- D Individual Site Documentation

**SUMMARY REPORT**  
**WESTBANK ASBESTOS REMOVAL PROJECT**  
**Period of 12/1/99 through 12/23/99**

**INTRODUCTION**

This brief report is intended to document the activities conducted on the Westbank Asbestos Removal project during the period of December 1, 1999 through December 23, 1999.

IT Corporation (IT) was requested to return to the Westbank project and perform asbestos containing material (ACM) removal and restoration activities at seven additional sites. The sites included several new sites as well as Phase II portions of sites previously addressed.

**MOBILIZATION AND SETUP**

The IT project manager mobilized to the site on November 30, 1999 to begin preparations to perform the work. A temporary office was set up within the offices of B&S Equipment in Harvey, Louisiana. Phone service was established and office furniture was obtained.

A small box van, backhoe and pickup truck were rented from local vendors to be utilized during the project. Small tools and supplies were purchased. The labor force consisted of local IT employees who included asbestos trained laborers and an asbestos supervisor/equipment operator. A site supervisor was mobilized to the site on December 7 to replace the project manager at the site.

**ACM REMOVAL ACTIVITIES**

ACM removal activities began on December 6, 1999. The ACM removal was performed using the previously utilized techniques of excavation with a backhoe as well as hand digging with shovels and rakes. (Refer to previously issued Final Report for this project for a more detailed description of removal techniques). The removed material was loaded into dump trucks and transported to the Jefferson Parish landfill for disposal. Each load to the landfill was documented on an Asbestos Disposal Verification Form (ADVF) and copies of these are included in the respective project file for each site.

## **ATTACHMENT A**



**RAPID RESPONSE QUALITY CONTROL DAILY REPORT**

IT CORPORATION

(CONTRACTOR'S NAME)

DACW45-94-D-0054

(CONTRACT NUMBER)

WESTBANK - NEW ORLEANS, LA.

(SITE NAME AND LOCATION)

REPORT NO. A-1 DELIVERY ORDER NO. 29 DATE 12/1/99  
WEATHER COOL SUNNY RAINFALL - INCHES TEMP: MIN. 40 MAX. 65

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

- PAT MILLER TOOK ASBESTOS EXAM BY BATON Rouge IN ORDER TO RE-INSTATE IT'S LICENSE.
- PURCHASE MATERIALS AND SMALL TOOLS TO PERFORM PROJECT
- PICKED UP BOX VAN TO BE USED ON THE PROJECT.
- ARRANGED FOR DELIVERY OF BACKHOE + PICK UP TRUCK TO BE USED ON PROJECT

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): \_\_\_\_\_

N/A

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: \_\_\_\_\_

NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): \_\_\_\_\_

N/A

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: \_\_\_\_\_

N/A

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: \_\_\_\_\_

N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_

N/A

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
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12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

NONE

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16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

NONE

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17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: \_\_\_\_\_

*MUST AWAIT RESULTS OF PAT HOLLAND'S TEST TO SEE IF + WHEN  
WE CAN START ASBESTOS REMOVAL ACTIVITIES*

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

  
\_\_\_\_\_  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

**RAPID RESPONSE QUALITY CONTROL DAILY REPORT**

IT CORPORATION

(CONTRACTOR'S NAME)

DALW45-94-D-0003

(CONTRACT NUMBER)

WESTBANK - NEW ORLEANS, LA.

(SITE NAME AND LOCATION)

REPORT NO. A-2 DELIVERY ORDER NO. 29 DATE 12/2/99  
WEATHER CLEAR RAINFALL - INCHES TEMP: MIN. 55 MAX. 70

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

- CONTINUE SETTING UP BOX VAN WITH TOOLS + SUPPLIES
- RECEIVED AND INSPECTED BACKHAUL AND PICK-UP TRUCK.
- VISITED SITE #1138 TO REVIEW REQUIREMENTS FOR REMOVAL OF CONCRETE DRIVEWAY AND REPLACEMENT. SCHEDULED WITH OWNER OF PROPERTY TO BE AT SITE ON FRIDAY 12/3/99 TO DO REMOVAL.
- AWAITED ANSWER FROM STATE IF PAT MULLINE PASSED HIS ALCOHOL TEST - NO WORD BY END OF DAY.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): \_\_\_\_\_

*NONE*

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: \_\_\_\_\_

*NONE*



5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): \_\_\_\_\_

N/A

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: \_\_\_\_\_

N/A

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: \_\_\_\_\_

N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_

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N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

*N/A*

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16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

*NONE*

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17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: \_\_\_\_\_

*NONE AT THIS TIMES*

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

  
\_\_\_\_\_  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

**RAPID RESPONSE QUALITY CONTROL DAILY REPORT**

IT CORPORATION

(CONTRACTOR'S NAME)

DACW45-94-D-0054

(CONTRACT NUMBER)

WESTBANK - NEW ORLEANS, LA.

(SITE NAME AND LOCATION)

REPORT NO. A-3 DELIVERY ORDER NO. 29 DATE 12/3/99  
WEATHER SUNNY RAINFALL - INCHES TEMP: MIN. 62 MAX. 75

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

- PROCEED TO SITE #1138 TO REMOVE CONTRACT DRIVEWAY. OWNER PRESENTED OPTION OF EXTENDING DRIVEWAY IN LIEU OF TEARING OUT PORTION WHICH WAS PREVIOUSLY REPAIRED. USACE CALLED USEPA AND APPROVAL WAS RECEIVED TO DO THIS. CREW FORMED NEW SECTION AND GRADED AREA.
- FOUND OUT TODAY THAT PAT MOLLER DID NOT PASS TEST FOR IT'S ASBESTOS CERTIFICATION. SPOKE W/ STATE AND THEY WILL PERMIT IT TO OPERATE UNDER ANOTHER CONTRACTOR'S LICENSE. CALLED SEVERAL ASBESTOS CONTRACTORS AND LOUISIANA SERVICE AND CONTRACTING CORP AGREED TO BE THE LICENSE CARRIER FOR THE PROJECT.
- WROTE LETTER + FAXED TO LADCO REQUESTING AN AMENDMENT TO THE AOVF FORMS.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): \_\_\_\_\_

*Failure of Asbestos Exam*

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: \_\_\_\_\_

*- FAILURE OF ASBESTOS EXAM CAUSED IT TO OBTAIN ANOTHER  
CONTRACTOR TO PROVIDE LICENSE.*

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): \_\_\_\_\_

N/A

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: \_\_\_\_\_

N/A

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: \_\_\_\_\_

N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_  
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10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

None

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16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

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17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: \_\_\_\_\_

IT'S ATTORNEY FORWARDED LETTER TO USACE APPROVING THE  
USE OF ANOTHER CONTRACTOR'S LICENSE TO PERFORM THE WORK.

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

  
\_\_\_\_\_  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

# RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION

(CONTRACTOR'S NAME)

DACW 45-94-D-0003

(CONTRACT NUMBER)

WESTBANK ASBESTOS - NEW ORLEANS

(SITE NAME AND LOCATION)

REPORT NO. A-4 DELIVERY ORDER NO. 29 DATE 12/6/99  
WEATHER COLD RAINFALL \_\_\_\_\_ INCHES TEMP: MIN. 40 MAX. 60

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): \_\_\_\_\_

• ACM REMOVAL ACTIVITIES WERE BEGUN AND COMPLETED AT SITE #531 -  
(b) (6) MATERIAL WAS EXCAVATED BY HAND AND PLACED  
IN BAGS WHICH WERE STACKED ADJACENT TO THE CANAL.  
• IT CONTINUED TO WORK ON ASBESTOS LICENSE ISSUE TO TRY TO  
RESOLVE DISPOSAL ISSUE. CONTINUED DISCUSSIONS WITH LASCO TO  
TRY TO USE THEM AS SUBCONTRACTOR. STATE WAS PREPARING  
ADDF AMENDMENT LETTERS.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): \_\_\_\_\_

*ALICE B+S EQUIPMENT PROVIDE A SMALL CREW TO PAIR  
AND FINISH THE CONCRETE AT THE MASTERSON PROPERTY ON  
5<sup>TH</sup> ST. AND URBANDALE IN MANASSA*

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: \_\_\_\_\_

*LICENSING ISSUE CONTINUED TO PRESENT A PROBLEM.*

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): \_\_\_\_\_

*N/A*

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: \_\_\_\_\_

*N/A*

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: \_\_\_\_\_

*N/A*

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

*None*

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16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

*None*

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17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: \_\_\_\_\_

IT CONTINUED TO TRY TO RESOLVE LICENSING ISSUE.

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

  
\_\_\_\_\_  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE



**RAPID RESPONSE QUALITY CONTROL DAILY REPORT**

IT CORPORATION

(CONTRACTOR'S NAME)

DALW45-94-D-0003

(CONTRACT NUMBER)

WESTDAKE ASBESTOS - NEW ORLEANS

(SITE NAME AND LOCATION)

REPORT NO. A-5 DELIVERY ORDER NO. 29 DATE 12/7/99  
WEATHER COOL RAINFALL - INCHES TEMP: MIN. 35 MAX. 65  
SUNNY

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

• LICENSING ISSUE RESOLVED - IT'S ASBESTOS LICENSE IS STILL IN EFFECT UNTIL BOARD VOTES TO REVOKE IT.

• ACM BAGS PICKED UP FROM SITE #537 AND LOADED INTO TRUCK.

• ACM REMOVAL ACTIVITIES STARTED AT SITE #1053 - (b)(6)  
1 LOAD OF ACM SENT TO LANDFILL.

• CONTRACTOR PICKED UP FIELD RADIOS TO BE USED FOR PROJECT.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

B+S EQUIPMENT PROVIDED A TRUCK FOR ACM REMOVAL ACTIVITIES.

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

LICKENSING ISSUE WAS RESOLVED AT ABOUT 10:00 A.M. AND THEN  
REMOVAL WORK BEGAN.

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN):

START TEAM INSPECTED SITE # 538

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS:

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED:

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

*NONE*

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16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

*NONE*

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17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: \_\_\_\_\_

IT PROJECT MANAGER SPOKE WITH MS. JOY EVANS OF THE STATE LICENSING BOARD - SHE INDICATED THAT IT'S ASBESTOS LICENSE IS STILL IN EFFECT AND WILL NOT BE OUT OF COMPLIANCE UNTIL THE BOARD VOTES ON IT. SPOKE W/ WILLIAM COULTAIN OF DEQ AND INFORMED HIM OF THE LICENSING BOARD'S POSITION AND HE AGREED TO PERMIT IT TO CONTINUE. THE AMENDMENT LETTERS WHICH WERE RECEIVED TODAY FROM DEQ CAN BE DISCARDED AND THE ORIGINAL ADVF'S CAN BE UTILIZED

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

  
\_\_\_\_\_  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

**RAPID RESPONSE QUALITY CONTROL DAILY REPORT**

IT CORPORATION

(CONTRACTOR'S NAME)

DACW45-94-D-0003

(CONTRACT NUMBER)

WESTBANK ASBESTOS - NEW ORLEANS, LA.

(SITE NAME AND LOCATION)

REPORT NO. A-6 DELIVERY ORDER NO. 29 DATE 12/8/99  
WEATHER clear/cool RAINFALL - INCHES TEMP: MIN. 55° MAX. 70°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

• CONTINUED EXCAVATION OF SITE #1053. COMPLETED EXCAVATION  
AND START TEAM COLLECTED SAMPLES AND EXAMINED EXCAVATION.  
GEOTEXTILE LINER PLACED AND ANCHORED AND SITE SECURED.

• REVIEWED SITE ON YETTA ST. WITH USACE + USFPA. VISITED OTHER  
SITES WHICH ARE TO BE ADDRESSED

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): \_\_\_\_\_

*B+S EQUIPMENT PROVIDES TRUCK FOR ALL PERSONAL ACTIVITIES*

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: \_\_\_\_\_

*NONE*



5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN):

START COLLECTED SAMPLES FROM SITE #1053.

START ALSO HAS REQUESTED IT RETURN TO SITE #531 TO HAVE

A LITTLE MORE SOIL TO DEEPEN OVERALL EXCAVATION

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS:

START COLLECTED SAMPLES FROM SITE #1053.

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED:

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
~ 30 CY		ACM		Jefferson Parish Landfill

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

OWNER AT SITE #1053 HAS REQUESTED THAT THEY BE PERMITTED TO  
THROW A PORTION OF THE COSTS FOR LIMESTONE EQUIPMENT TO PLACE  
CONCRETE. IT HAS SOLICITED A COST FOR CONCRETE PLACEMENT

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

  
\_\_\_\_\_  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION

(CONTRACTOR'S NAME)

DACW45-94-D-003

(CONTRACT NUMBER)

WESTBANK ASBESTOS-NEW ORLEANS, LA

(SITE NAME AND LOCATION)

REPORT NO. A-7 DELIVERY ORDER NO. 29 DATE 12/9/99  
WEATHER PARTLY CLOUDY/WINDY RAINFALL - INCHES TEMP: MIN. 55 MAX. 76

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): \_\_\_\_\_

• REMOVED ADDITIONAL ASBESTO CONTAINING MATERIAL FROM  
SITE #531 AT 605 GREER. COMPLETED ACM REMOVAL

• BEGAN REMOVING ACM FROM SITE # 2629 AT  
452 ROBINSON.

• START TEAM EXAMINED EXCAVATION AND COLLECTED  
SAMPLE FROM SITE #531 AT 605 GREER

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): \_\_\_\_\_

B & S EQUIPMENT, PROVIDED TRUCK FOR ACM REMOVAL ACTIVITIES.

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: \_\_\_\_\_

NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN):

START INSPECTED SITE #531 AT (b) (6) AND GAVE  
THEIR APPROVAL

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS:

START COLLECTED SAMPLES FROM SITE #531 (b) (6)

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED:

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
NONE				

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

NONE

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16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

NONE

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17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

TOM MATTHESON DEMO'ED TO PITTSBURG OFFICE  
CONCRETE SUBCONTRACTOR DID NOT SHOW FOR APPOINTMENT

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Steven W. Perry  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION

(CONTRACTOR'S NAME)

DACW45-94-D-0003

(CONTRACT NUMBER)

WESTBANK ASBESTOS - NEW ORLEANS, LA

(SITE NAME AND LOCATION)

REPORT NO. A-8 DELIVERY ORDER NO. 29 DATE 12/10/99  
WEATHER PARTLY CLOUDY / POOL RAINFALL - INCHES TEMP: MIN. 45 MAX. 66

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

- EXCAVATION  
COMPLETED A SITE #2029 AT (b) (6)
- STARTED AND COMPLETED EXCAVATION AT SITE #992 ON (b) (6)
- START TEAM INSPECTED AND COLLECTED SAMPLES FROM SITES #2029 AND #992
- SENT 2 LOADS OF ACM TO LANDFILL
- GREG WAGNER (USACE) AND STEVE PERRY & RUDY BILLIOT OF IT CORP. HAD MEETING WITH OWNER OF SITE #2026 AT (b) (6)

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

B+S EQUIPMENT PROVIDED TRUCK FOR ACM  
REMOVAL ACTIVITIES

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): \_\_\_\_\_

START TEAM INSPECTED SITES # 2029 & #992 AND  
GAVE THEIR APPROVAL

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: \_\_\_\_\_

START TEAM HAS SAMPLED SITES # 2029 & #992

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: \_\_\_\_\_

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
~ 25 CY		ACM		JEFFERSON PARISH LANDFILL

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: \_\_\_\_\_

START TEAM REQUESTED REMOVING 12' FROM SITE # 2028  
DYE TO DISCOVERING ACM RUNNING THRU VACANT LOT  
AT 450 ROBINSON

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Steven W. Perry  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE



RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION

(CONTRACTOR'S NAME)

DACW45-94-D-0003

(CONTRACT NUMBER)

WESTBANK ASBESTOS-NEW ORLEANS, LA

(SITE NAME AND LOCATION)

REPORT NO. A-9 DELIVERY ORDER NO. 29 DATE 12/11/99  
WEATHER MOSTLY SUNNY / WINDY RAINFALL - INCHES TEMP: MIN. 53 MAX. 70

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

• BEGAN RESTORATION AT SITES # 531 (b) (6) AND # 992 (b) (6). PLACED SAND IN EXCAVATION. WILL SOD AT LATER DATE.

• BEGAN EXCAVATION OF ACM FROM SITE # 2028 AT (b) (6)

• SENT 2 LOADS OF ACM TO LANDFILL

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

B+S EQUIPMENT PROVIDED TRUCK FOR  
HAULING BACKFILL MATERIAL AND FOR  
ACM REMOVAL ACTIVITIES

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): \_\_\_\_\_

NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: \_\_\_\_\_

NONE

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: \_\_\_\_\_

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
~ 30 CY		ACM		JEFFERSON PARISH LANDFILL

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

· WILL NEED MORE ADUF'S TO COMPLETE SITE #2028.  
TOM MATHISON SENT IN REQUEST FOR ADDITIONAL ADUF'S

· ORDERED EQUIPMENT FOR SITE #2026 AT (b) (6)  
THRU RSC

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Steven W. Perry  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION

(CONTRACTOR'S NAME)

DACW45-94-D-003

(CONTRACT NUMBER)

WESTBANK ASBESTOS - NEW ORLEANS, LA

(SITE NAME AND LOCATION)

REPORT NO. A-10 DELIVERY ORDER NO. 29 DATE 12/13/99  
WEATHER CLOUDY/COOL RAINFALL - INCHES TEMP: MIN. 45 MAX. 62

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

BEGAN BREAKING UP CONCRETE/ACM AT SITE #2026  
LOCATED AT (b)(6) ATTEMPTED TO USE BOBCAT 320  
EXCAVATOR WITH BREAKER BUT MACHINE DID NOT HAVE  
ENOUGH POWER TO DO JOB. RENTED 185CFM AIR COMPRESSOR  
AND 90 LB JACK HAMMER FOR JOB.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

BYS EQUIPMENT'S TRUCK WAS ON STANDBY IN THE  
EVENT WE WOULD BE ABLE TO LOAD OUT ARM.  
RELEASED BYS EQUIPMENT AT 1300

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

NONE



5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): \_\_\_\_\_

NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: \_\_\_\_\_

NONE

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: \_\_\_\_\_

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		NONE		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

NONE

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16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

NONE

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17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

- START TEAM - AMANDA <sup>BORDELON</sup> REPLACED JEFF WRIGHT
- USEPA - JOHN MARTIN WILL NOT BE AT SITE THIS WEEK DUE TO PERSONAL REASONS
- WORKING ON GETTING ADDITIONAL ADFIS FOR SITES #2026 & #2028
- CONCRETE SUBCONTRACTOR (JDE YATES) TO BE ON SITE AT 0800 ON THURS 4/14 TO GIVE QUOTES FOR CONCRETE PLACEMENT

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Steven W. Perry  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION

(CONTRACTOR'S NAME)

DACW 45-94-D003

(CONTRACT NUMBER)

WESTBANK ASBESTOS-NEW ORLEANS, LA

(SITE NAME AND LOCATION)

REPORT NO. A-11 DELIVERY ORDER NO. 29 DATE 12/14/99  
WEATHER SUNNY/WARM RAINFALL — INCHES TEMP: MIN. 44 MAX. 64

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

- CONTINUED BREAKING UP ACM (CONCRETE) AT SITE  
SUB #1053 LOCATED AT 61'  
#2026 LOCATED AT (b) (6). USED JACKHAMMER  
AND AIR COMPRESSOR
- RECEIVED BID FOR CONCRETE WORK AT SITE 2029  
(b) (6) AND SITE 1053 (b) (6) FROM  
TBC, LTD. (JOE YATES)
- DID NOT USE BVS EQUIPMENT'S TRUCK AND DRIVER

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

NONE

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): \_\_\_\_\_

NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: \_\_\_\_\_

NONE

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: \_\_\_\_\_

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO: \_\_\_\_\_

*NONE*

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: *NONE*



13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		NONE		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

NONE

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16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

NONE

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17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

RSC PICKED UP POWER BUGGY # 275309, CLAIMED THEY DELIVERED WRONG UNIT TO OUR SITE. INFORMED THEM ANY RENTAL CHARGES FOR THAT UNIT WOULD HAVE TO BE WAIVED. ALSO, BOBCAT MINI-EXCAVATOR # 274150 THE SAME WOULD APPLY SINCE IT WAS NOT CAPABLE OF DOING THE JOB. RSC PICKED THAT UNIT UP MON 12/13 @ 1300

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Steve Perry  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION

(CONTRACTOR'S NAME)

DACW 45 94-D-0063

(CONTRACT NUMBER)

WESTBANK ASBESTOS - NEW ORLEANS, LA

(SITE NAME AND LOCATION)

REPORT NO. A-12 DELIVERY ORDER NO. 29 DATE 12/15/99  
WEATHER clear RAINFALL — INCHES TEMP: MIN. 40 MAX. 58  
cool

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

CONTINUED BREAKING UP ACM (CONCRETE) WITH  
JACKHAMMER AND AIR COMPRESSOR AT SITE 2026 (b)(6)  
COMPLETED BREAKING UP CONCRETE  
STARTED LOAD OUT OF ACM FROM SITE 2026  
SENT 1 LOAD OF ACM TO JEFFERSON PARISH LANDFILL

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

B95 EQUIPMENT PROVIDED TRUCK FOR ACM REMOVAL ACTIVITIES

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN):

NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS:

NONE

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED:

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO: \_\_\_\_\_

*NONE*

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	<i>NONE</i>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: *NONE*

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	ADUF/ MANIFEST NO.	DISPOSAL LOCATION
~ 8 CY		ACM	LA 00524	JEFFERSON PARISH LANDFILL

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

NONE

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16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

NONE

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17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

BYS EQUIPMENT CO. PULLED DUMP TRUCK #82 FROM US AND  
WILL REPLACE IT WITH A TRACTOR TRAILOR FOR HAULING ACM  
TO LANDFILL. SENT DUMP TRUCK #82 TO JEFFERSON PARISH  
LANDFILL WITH 1/2 LOAD

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Steve Perry  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE



RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION  
(CONTRACTOR'S NAME)

DACW45-94-D-0003  
(CONTRACT NUMBER)

WESTBANK ASBESTOS - NEW ORLEANS, LA  
(SITE NAME AND LOCATION)

REPORT NO. A-13 DELIVERY ORDER NO. 29 DATE 12/16/99  
WEATHER SUNNY/COOL RAINFALL — INCHES TEMP: MIN. 38 MAX. 63

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

CONTINUED ACM REMOVAL AT SITE #2026 (b) (6)

SENT 1 LOAD OF ACM TO LANDFILL

COMPLETED RESTORATION AT SITE #531 (b) (6)  
PLACED SOD (CENTIPEDE) OVER EXCAVATION

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

B+S EQUIPMENT CO. PROVIDED TRUCK FOR ACM REMOVAL ACTIVITIES

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN):

NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS:

NONE

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED:

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_

NONE

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	<u>NONE</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: NONE

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	<sup>ADUF/</sup> MANIFEST NO.	DISPOSAL LOCATION
~ 30 CY		ACM	LA 00 524-2	JEFFERSON PARISH LANDFILL

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

DISCONTINUED LOAD OUT OF ACM AT SITE 2026 (b) (6) AT 1500.  
WILL RESUME LOAD OUT AS SOON AS SITE 2028 EXCAVATION IS  
COMPLETE AND RESTORATION AT SITES 531, 992, 1053,  
2028 AND 2029 IS COMPLETE

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Steve Perry  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION

(CONTRACTOR'S NAME)

DACW 45-94-D-0003

(CONTRACT NUMBER)

WEST BANK ASBESTOS-NEW ORLEANS LA.

(SITE NAME AND LOCATION)

REPORT NO. A-14 DELIVERY ORDER NO. 29 DATE 12/17/99  
WEATHER PARTLY CLOUDY/COOL RAINFALL — INCHES TEMP: MIN. 45 MAX. 62

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

- RESUMED REMOVAL OF ACM AT SITE 2028. COMPLETED EXCAVATION
- SENT 1 LOAD OF ACM TO JEFFERSON PARISH LANDFILL
- BEGAN PLACING LINER OVER EXCAVATION AT SITE 2028
- START (AMANDA) SAMPLED AND INSPECTED EXCAVATION
- <sup>SUP</sup> BEGAN RESTORATION AT SITE 992 (b) (6) PLACED SOD OVER EXCAVATION
- CONTINUED RESTORATION AT SITE 992 (b) (6) PLACED SOD ON TOP OF SAND
- START INSPECTED AND VIDEO TAPED SITE 531 AT (b) (6) SITE IS COMPLETE

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

B & S EQUIPMENT CO. PROVIDED TRUCK FOR ACM REMOVAL ACTIVITIES

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

NONE



5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN):

1. START PERFORMED FINAL INSPECTION ON SITE 531 AT (b) (6)

2. START COLLECTED SAMPLES AND INSPECTED EXCAVATION AT SITE 2028 (b) (6)

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS:

NONE

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED:

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_

NONE

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	<u>NONE</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: NONE

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	ADVF/ MANIFEST NO.	DISPOSAL LOCATION
~ 30 CY		ACM	LA 00522-02	JEFFERSON PARISH LANDFILL

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

ORDERED LIMESTONE THRU B&S EQUIPMENT CO. FOR  
SITES 1053, 2028 & 2029. STOCKPILED AT B&S EQUIP-  
MENT'S YARD  
RAN OUT OF FABRIC LINER AT (b) (6) PURCHASED LINER  
LOCALLY AT HOME DEPOT BUT NOT ENOUGH IN STOCK TO COMPLETE  
COVERING EXCAVATION. CALLED TED AT AG STREET PROJECT AND  
HE JUST RECEIVED NEW SHIPMENT. WE WILL PICK UP 1 ROLL  
SAT @ 0600 TO FINISH LINING EXCAVATION AT (b) (6)  
AND HAVE ENOUGH MATERIAL FOR SITE 2028 AT (b) (6)

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

FT CORPORATION

(CONTRACTOR'S NAME)

DACW 45-94-D-0003

(CONTRACT NUMBER)

WESTBANK ASBESTOS-NEWORLEANS, LA

(SITE NAME AND LOCATION)

REPORT NO. A-15 DELIVERY ORDER NO. 29 DATE 12/18/99  
WEATHER RAINY/COLD RAINFALL 1" INCHES TEMP: MIN. 40 MAX. 61

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

- BEGAN RESTORATION AT SITE 1053 (b) (6) PLACED LIMESTONE IN 10'X75' DRIVEWAY
- BEGAN RESTORATION AT SITE 2028 (b) (6) PLACED LIMESTONE IN 39'X67' VACANT LOT. NEED 1 MORE LOAD OF LIMESTONE TO COMPLETE.
- COMPLETED PLACING LINER IN EXCAVATION AT SITE 2028

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

BYS EQUIPMENT CO. PROVIDED TRUCK TO HAYL Limestone  
TO SITES 1053 (b) (6) AND 2028 (b) (6)

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN):

START INSPECTED & VIDEO TAPED LINEAL AT SITE 2028  
(b) (6) PRIOR TO PLACEMENT OF LIMESTONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS:

NONE

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED:

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_

*NONE*

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	<i>NONE</i>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: *NONE*



13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		NONE		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS:

NONE

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16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC).

NONE

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17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

• WILL ORDER 1 MORE LOAD OF LIMSTONE TO COMPLETE RESTORATION AT (b) (6) (SITE 2026) ON MONDAY 12/20  
• SPOKE TO CATHEY HILL (OWNER OF (b) (6)), SHE POINTED OUT DAMAGE TO SIDEWALK AND FENCE. WILL DISCUSS WITH USACE, START ON MONDAY 12/20

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Steve Perry  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION

(CONTRACTOR'S NAME)

DACW45-94-D-0003

(CONTRACT NUMBER)

WESTBANK ASBESTOS - NEW ORLEANS, LA.

(SITE NAME AND LOCATION)

REPORT NO. A-16 DELIVERY ORDER NO. 29 DATE 12/19/99  
WEATHER PARTLY CLOUDY / RAINFALL — INCHES TEMP: MIN. 46 MAX. 65  
COOL

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

LOADED 1 TRAILER WITH ACM FROM SITE 2026  
LOCATED AT (b) (6)

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

BYS EQUIPMENT PROVIDED TRUCK (TRACTOR/TRACTOR) FOR  
ACM REMOVAL

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN):

NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS:

NONE

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED:

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_

NONE

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	<u>NONE</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: NONE



17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

• SPOKE TO WAYNE MCGEE (OWNER OF (b) (6)) HE REQUESTED SIDEWALK BE PUT BACK IN BEHIND HOUSE. INFORMED WAYNE I WOULD BRING TO THE ATTENTION OF USACE, START + USEPA  
• HYDRAULIC HOSE BROKE ON BOBCAT 320 MINI-EXCAVATOR. NEFF RENTAL COMPANY SENT SERVICE DEPARTMENT TO (b) (6) TO REPAIR

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Steve Perry  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE



RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION

(CONTRACTOR'S NAME)

DACW 45-94-D-0003

(CONTRACT NUMBER)

WESTBANK ASBESTOS - NEW ORLEANS, LA -

(SITE NAME AND LOCATION)

REPORT NO. A17 DELIVERY ORDER NO. 29 DATE 12/20/99  
WEATHER MOSTLY CLOUDY/RAIN FALL 5 INCHES TEMP: MIN. 43 MAX. 59  
LATE AFTERNOON THUNDERSTORM

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

- CONTINUED ACM REMOVAL AT (b) (6) (SITE 2026)
- SENT 1 LOAD OF ACM TO JEFFERSON PARISH LANDFILL
- DECONNED AIR COMPRESSOR AND JACK HAMMER. PICKED UP BY NEFF RENTAL
- MINOR TOUCH UP CLEANING OF ACM AT (b) (6) WILL COMPLETE ACM REMOVAL ON TUESDAY 12/21/99

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

• B4S EQUIPMENT CO. PROVIDED TRUCK FOR ARM REMOVAL  
ACTIVITIES

• TBC LTD (JOE YATES) SET FORMS AT (b) (6) AND  
(b) (6)

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN):

NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS:

NONE

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED:

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_

NONE

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	<u>NONE</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: NONE

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	ADVF- MANIFEST NO.	DISPOSAL LOCATION
~ 15 CY		ACM	LA 00524-4	JEFFERSON PARISH LANDFILL

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS:

NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.).

NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

• INFORMED BY JOE YATES THAT HE COULD NOT POUR CONCRETE UNTIL WEDNESDAY 12/22/99 NOW. RELAYED INFO TO USACE (GREG WAGNER) AND PROJECT MANAGER (DOM MATHISON)

• INFORMED BY BYS EQUIPMENT CO. THAT HE FORGOT TO ORDER IN ANOTHER LOAD OF LIMESTONE FOR (b) (6) WILL DO SO THURSDAY 12/24/99

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION

(CONTRACTOR'S NAME)

DACW45-94-D-0003

(CONTRACT NUMBER)

WESTBANK ASBESTOS-NEW ORLEANS, LA

(SITE NAME AND LOCATION)

REPORT NO. A-19 DELIVERY ORDER NO. 29 DATE 12/21/99  
WEATHER CLOUDY/COLD RAINFALL — INCHES TEMP: MIN. 38 MAX. 49

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

- COMPLETED ACM REMOVAL AT (b) (6) [SITE 2026]
- ACM REMOVAL IS COMPLETE FOR THIS PROJECT
- SENT 1 LOAD OF ACM TO JEFFERSON LANDFILL
- STARTED RESTORATION AT (b) (6) AFTER EXCAVATION WAS INSPECTED AND SAMPLES COLLECTED BY STAFF (AMANDA)
- PLACED LINER IN EXCAVATION
- RECEIVED 2 LOADS OF SAND
- DECONNED BOBCAT 320 MIN EXCAVATOR. PICKED UP BY NEFF RENTAL
- COMPLETED RESTORATION AT (b) (6) [SITE 2028]
- PLACED MORE LIMESTONE AT (b) (6) FOR TOUCH UP WORK AFTER CONCRETE IS COMPLETED

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

BYS EQUIPMENT PROVIDED TRUCK FOR ACM REMOVAL  
ACTIVITIES. AFTER ACM REMOVAL WAS COMPLETE, BYS  
HHAILED 1 LOAD OF LIMESTONE AND 2 LOADS STONE

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

NONE



5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN):

START INSPECTED AND COLLECTED SAMPLES FROM EXCAVATION AT <sup>(b) (6)</sup> REQUESTED MORE CLEAN-UP AROUND EXCAVATION AREA DUE TO JACKHAMMERING ACTIVITIES WHICH RESULTED IN MATERIAL FLYING OUT OF EXCAVATION AREA.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS:

NONE

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED:

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. 'AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_

NONE

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	<u>NONE</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: NONE

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	ADUF- MANIFEST NO.	DISPOSAL LOCATION
<u>~12CY</u>		<u>ACM</u>	<u>LA-00524-5</u>	<u>JEFFERSON PARISH LANDFILL</u>

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

- REPAIRED FENCE AT (b) (6)
- PLACEMENT OF CONCRETE IS TO OCCUR TOMORROW (WED 12/23/99)  
PER PHONE CONVERSATION WITH JOE YATES
- SDD IS TO ARRIVE AT ROSE GARDEN NURSERY <sup>SHOP</sup> ~~YATES~~ WED 12/23/99
- CONTINUED WITH EQUIPMENT DEMOBILIZATION.

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION

(CONTRACTOR'S NAME)

DACW45-94-D-0003

(CONTRACT NUMBER)

WESTBANK ASBESTOS - NEW ORLEANS, LA

(SITE NAME AND LOCATION)

REPORT NO. A-19 DELIVERY ORDER NO. 29 DATE 12/22/99  
WEATHER SUNNY/WARM RAINFALL — INCHES TEMP: MIN. 55 MAX. 35

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

- COMPLETED PLACING SAND AT (b) (6)
- PRIME EQUIPMENT PICKED UP POWER BY GUY
- CLEANED OUT RENTAL VAN AND RETURNED TO RYDER.
- FINISHED SOD WORK AT (b) (6)
- BEGAN SOD WORK AT (b) (6)
- JOE YATES POURED CONCRETE AT (b) (6) AND (b) (6) ALSO REPAIRED DRIVEWAY AT (b) (6)
- STEVE PERRY DEMO'ED SITE

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

TBC, LTD (JDE YATES) DID CONCRETE WORK

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: \_\_\_\_\_

NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): \_\_\_\_\_

NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: \_\_\_\_\_

NONE

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: \_\_\_\_\_

NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:  
COLLECTED: \_\_\_\_\_ TESTED: \_\_\_\_\_ AMPLIFYING INFO. \_\_\_\_\_

*NONE*

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: \_\_\_\_\_ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	<i>NONE</i>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: \_\_\_\_\_ BBL/GAL      SOLIDS: \_\_\_\_\_ YDS/TONS

AMPLIFYING INFO: *NONE*



13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		NONE		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS:

NONE

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16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.).

NONE

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17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

• STEVE PERRY (SITE SUPERVISOR) DEMOBED  
• RELEASED 1 LABORER  
• PLAN TO COMPLETE PROJECT TOMORROW (12/23/99)  
• ARRANGED PICKUP OF RENTAL BACKHOE AND  
PICKUP TRUCK FROM RSC.

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

# RAPID RESPONSE QUALITY CONTROL DAILY REPORT

IT CORPORATION

(CONTRACTOR'S NAME)

DACW45-94-D-0003

(CONTRACT NUMBER)

WESTBANK ASBESTOS - NEW ORLEANS, LA.

(SITE NAME AND LOCATION)

REPORT NO. A20 DELIVERY ORDER NO. 29 DATE 12/23/99  
WEATHER SUNNY/WINDY RAINFALL - INCHES TEMP: MIN. 35 MAX. 66

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

- COMPLETED PAVING SED AT SITE #2026 (b) (6)
- ~~SEED~~ CLEARED UP SITE #2026 A
- GRADED AROUND CONCRETE AT SITE #2029 AND #1053 AND CLEARED UP ALL SITES.
- DEMOBILIZED BACKHAUL + PICKUP TRUCK.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

• JOE YATE PULLED FORMS FROM CONCRETE SLABS AT SITE #1053 AND #2026

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): \_\_\_\_\_

N/A

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: \_\_\_\_\_

N/A

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: \_\_\_\_\_

N/A

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE INCLUDING SUBCONTRACTORS. AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: \_\_\_\_\_

*None*

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\_\_\_\_\_

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). \_\_\_\_\_

*None*

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\_\_\_\_\_

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\_\_\_\_\_

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE INCLUDING SUBCONTRACTORS. THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: \_\_\_\_\_

THIS PHASE OF THE PROJECT IS NOW COMPLETE.

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

  
\_\_\_\_\_  
CONTRACTORS DESIGNATED  
QUALITY CONTROL REPRESENTATIVE

## **ATTACHMENT B**





# TAILGATE SAFETY MEETING

Division/Subsidiary IT - RAPID RESPONSE Facility PITTSBURGH  
Date 12/6/99 Time 0800 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: OMAHA  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARD HATS, SAFETY GLASSES  
LEVEL C PPE WHEN IN EXCLUSION ZONE  
Chemical Hazards ASBESTOS CONTAINING MATERIAL  
Physical Hazards SLIP, TRIP, FALL, MOVING HEAVY EQUIPMENT  
Emergency Procedures 911  
Hospital / Clinic WEST JEFFERSON MED. CENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address WESTBANK EXPRESSWAY  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
Carlos Cortez  
Baudilio Membreno  
Nidal CHREER  
GREG C WIGMORE  
Randy D. Ballot SR

SIGNATURE  
C Cortez  
Baudilio Membreno  
Nidal CHREER  
GREG C WIGMORE  
Randy D. Ballot SR

Meeting conducted by:

TOM MATHISON  
NAME PRINTED

Supervisor [Signature]

SIGNATURE

Manager \_\_\_\_\_



# TAILGATE SAFETY MEETING

Division/Subsidiary IT - RAPID RESPONSE Facility PITTSBURGH  
Date 12/7/99 Time 0800 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: OMAHA  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARD HATS, SAFETY GLASSES  
LEVEL C PPE WHEN IN EXCLUSION ZONE  
Chemical Hazards ASBESTOS CONTAINING MATERIAL  
Physical Hazards SLIP, TRIP, FALL, HEAVY LIFTING, BACKING MACHINERY  
Emergency Procedures 911  
Hospital / Clinic WEST JEFFERSON MED. CENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address WESTBANK EXPRESSWAY + AVE D  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
Nidd, CHUCK R  
Rudy Bilhisi  
Carlos Cortez  
Baudilio Membreno

SIGNATURE  
[Signature]  
[Signature]  
[Signature]

Meeting conducted by:

TOM MATHISON  
NAME PRINTED

Supervisor [Signature]

SIGNATURE

Manager \_\_\_\_\_



# TAILGATE SAFETY MEETING

Division/Subsidiary IT - RAPID RESPONSE Facility PITTSBURGH  
Date 12/8/99 Time 0700 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: OMAHA  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE SHOES, HARD HATS, SAFETY GLASSES  
LEVEL C PPE WHEN IN EXCLUSION ZONE  
Chemical Hazards ASBESTOS CONTAINING MATERIAL  
Physical Hazards SLIP, TRIP, FALL, HEAVY LIFTING, BACKING MACHINERY  
Emergency Procedures 911  
Hospital / Clinic WEST JEFFERSON MEDICAL CENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address WESTBANK EXPRESSWAY & AVE. D.  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
RUDY BULLIOT  
NIDAL GARCER  
Carlos Cortez  
Baudilio Membreno  
STEVE PERRY  
GREG C. WAGNER

SIGNATURE  
Rudy Bulliot S.R.  
C Cortez  
Baudilio Membreno  
Steve Perry  
Greg C. Wagner

Meeting conducted by:

TOM MATHISON  
NAME PRINTED  
Supervisor [Signature]

SIGNATURE  
Manager \_\_\_\_\_



# TAILGATE SAFETY MEETING

Division/Subsidiary IT - RAPID RESPONSE Facility PITTSBURGH  
Date 12/9/99 Time 0700 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARD HATS, SAFETY GLASSES  
LEAD C PPE WHEN IN EXCLUSION ZONE  
Chemical Hazards ASBESTOS CONTAINING MATERIAL  
Physical Hazards SLIP, TRIP, FALL, MOVING EQUIPMENT, LADDERS, TRUCKS  
Emergency Procedures 911  
Hospital / Clinic WEST JEFFERSON MED. CENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address WESTBANK EXPRESSWAY + AVE. D.  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED
<u>RUDY BILLOT</u>
<u>STEVE PERRY</u>
<u>CARLOS CORTES</u>
<u>Baudilio Membrano</u>
<u>NIDAL CHKEER</u>
<u>GREG C WAGNER (USACE)</u>

SIGNATURE
<u>Rudy D. Bilhot</u>
<u>Steve Perry</u>
<u>C Cortes</u>
<u>Baudilio Membrano</u>
<u>Nidal Chkeer</u>
<u>Greg C Wagner</u>

Meeting conducted by:

TOM MATRISON

Supervisor

NAME PRINTED

[Signature]

SIGNATURE

Manager



# TAILGATE SAFETY MEETING

Division/Subsidiary IT - RAPID RESPONSE Facility PITTSBURGH  
Date 12/10/99 Time 0700 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARD HATS, SAFETY GLASSES  
LEVEL C PPE WHEN IN EXCLUSION ZONE  
Chemical Hazards ASBESTOS CONTAINING MATERIAL  
Physical Hazards SLIP, TRIP, FALL, MOVING EQUIPMENT, LADDERS, TRUCKS  
Emergency Procedures 911  
Hospital / Clinic WEST JEFFERSON MED. CENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address 1101 MEDICAL CENTER BL. MARCO EXPRESS WESTBANK EXPRESSWAY & AVE. D  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
Rudy J. Billiot  
Baudilio Membreno  
Carlos Cortez  
NIDAL CHKEER

SIGNATURE  
Rudy J. Billiot  
Baudilio Membreno  
@Cortez  
(Signature)

Meeting conducted by:  
STEVE PERRY  
NAME PRINTED  
Supervisor Steve Perry

SIGNATURE  
Manager \_\_\_\_\_



# TAILGATE SAFETY MEETING

Division/Subsidiary IT RAPID RESPONSE Facility PITTSBURGH  
Date 12/11/99 Time 0700 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL & RESTORATION  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARDHATS, SAFETY GLASSES  
LEVEL C PPE WHEN IN EXCLUSION ZONE  
Chemical Hazards ASBESTOS CONTAINING MATERIAL  
Physical Hazards SLIP, TRIP, FALL, MOVING EQUIPMENT, LADDERS, TRUCKS  
Emergency Procedures 911

Hospital / Clinic WEST JEFFERSON MEDICAL CENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address 1101 MEDICAL CENTER BL. MARCO (WESTBANK EXPRESS WAY & AVE D)  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
Baudilio Membreno  
Rudy J. Billiot SR.  
Carlos Cortez  
NIDAL CHACER

SIGNATURE  
Baudilio Membreno  
Rudy J. Billiot SR.  
C Cortez  
Nidal Chacer

Meeting conducted by:  
STEVE PERRY  
Supervisor Steve Perry

SIGNATURE  
Manager \_\_\_\_\_



# TAILGATE SAFETY MEETING

Division/Subsidiary IT RAPID RESPONSE Facility PITTSBURG  
Date 12/13/99 Time 0700 Job Number 768209  
Customer USACE-RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL & RESTORATION  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARDHATS, SAFETY GLASSES  
LEVEL C PPE WHEN IN EXCLUSION ZONE  
Chemical Hazards ASBESTOS CONTAINING MATERIAL  
Physical Hazards MOVING EQUIPMENT, TRUCKS, LADDERS, SLIP, TRIP, FALL  
Emergency Procedures 911

Hospital / Clinic WEST JEFFERSON MED. CENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address 1101 MEDICAL CENTER BLVD. MARRO (WESTBANK EXPRESSWAY & AVE D)  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
Baudilio Membreno  
Nidal ACHKEER  
Carlos Cortez  
Rudy Billiot SE

SIGNATURE  
Baudilio Membreno  
Nidal ACHKEER  
Rudy D. Billiot SE

Meeting conducted by:  
STEVE PERRY  
NAME PRINTED  
Supervisor Steve Perry

SIGNATURE  
Manager \_\_\_\_\_



# TAILGATE SAFETY MEETING

Division/Subsidiary IT RAPID RESPONSE Facility PITTSBURGH  
Date 12/14/99 Time 0700 Job Number 768209  
Customer USACE-RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL & RESTORATION  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARDHATS, SAFETY GLASSES, EARPLUGS  
LEVEL C PPE WHEN IN EXCLUSION ZONE  
Chemical Hazards ASBESTOS CONTAINING MATERIAL  
Physical Hazards MOVING EQUIPMENT, TRUCKS, LADDERS, SLIP, TRIP, FALL  
Emergency Procedures 911

Hospital / Clinic WEST JEFFERSON MED. CENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address 101 MEDICAL CENTER BLVD MARCO (WESTBANK EXPRESSWAY + AVE D)  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
Baudilio Membreno  
Carlos Cortez  
Widder CHAFFE R  
Randy D. Balliot S.R.

SIGNATURE  
Baudilio Membreno  
Carlos Cortez  
Randy D. Balliot S.R.

Meeting conducted by:  
STEVE PERRY  
NAME PRINTED  
Supervisor Steve Perry

SIGNATURE  
Manager \_\_\_\_\_





# TAILGATE SAFETY MEETING

Division/Subsidiary IT RAPID RESPONSE Facility PITTSBURGH  
Date 12/15/99 Time 0700 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL AND RESTORATION  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HANDHATS, SAFETY GLASSES, EAR PLUGS  
LEVEL C PPE WHEN IN EXCLUSION ZONE  
Chemical Hazards ASBESTOS CONTAINING MATERIAL  
Physical Hazards MOVING EQUIPMENT, LADDERS, TRUCK, SLIP, TRIP, FALL  
Emergency Procedures 911  
Hospital / Clinic WEST JEFFERSON MED. CENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address 1101 MEDICAL CENTER BLVD, MARRO (WESTBANK EXPRESSWAY & AVE D)  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
Baudilio Membreno  
Carlos Cortez  
Rudy B. Belliot

SIGNATURE  
Baudilio Membreno  
Carlos Cortez  
Rudy B. Belliot

Meeting conducted by:  
STEVE PERRY  
Supervisor Steve Perry

SIGNATURE  
Manager \_\_\_\_\_



# TAILGATE SAFETY MEETING

Division/Subsidiary IT RAPID RESPONSE Facility PITTSBURGH  
Date 12/16/99 Time 0700 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL AND RESTORATION  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARD HATS, SAFETY GLASSES  
LEVEL C PPE WHEN IN EXCLUSION ZONE - TRAFFIC VESTS WHILE DIRECTING TRAFFIC  
Chemical Hazards ASBESTOS CONTAINING MATERIAL

Physical Hazards MOVING EQUIPMENT, LADDERS, TRUCK, SLIP, TRIP, FALL

Emergency Procedures 911

Hospital / Clinic WEST JEFFERSON MED. CENTER Phone ( ) 911 Paramedic Phone ( ) 911

Hospital Address 1101 MEDICAL CENTER BLVD., MARRO (WEST BANK EXPRESSWAY & AVE D)

Special Equipment \_\_\_\_\_

Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
Carlos Cortez  
Baudilio Membreno  
Rudy Billiot

SIGNATURE  
Carlos Cortez  
Baudilio Membreno  
Rudy Billiot

Meeting conducted by:  
STEVE PERRY

Supervisor Steve Perry

Manager \_\_\_\_\_



# TAILGATE SAFETY MEETING

Division/Subsidiary IT RAPID RESPONSE Facility PITTSBURGH  
Date 12/17/99 Time 0700 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL AND RESTORATION  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARD HATS, SAFETY GLASSES  
LEVEL C PPE WHEN IN EXCLUSION ZONE - TRAFFIC VESTS WHILE ON STREET  
Chemical Hazards ASBESTOS CONTAINING MATERIAL  
Physical Hazards MOVING EQUIPMENT, LADDER, TRUCK, SLIP, TRIP, FALL  
Emergency Procedures 911  
Hospital / Clinic WEST JEFFERSON MED. CENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address 1101 MEDICAL CENTER BLVD., MARCO (WESTBANK EXPRESSWAY & AVE D)  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED

Carlos Cortez  
Baudilio Membreno  
Rudy Belliot  
NIDAL CHAVEZ

SIGNATURE

CCortez  
Baudilio Membreno  
Rudy Belliot  
CHAVEZ

Meeting conducted by:

STEVE PERRY

NAME PRINTED

Supervisor Steve Perry

SIGNATURE

Manager \_\_\_\_\_



# TAILGATE SAFETY MEETING

Division/Subsidiary IT RAPID RESPONSE Facility PITTSBURGH  
Date 12/18/99 Time 0700 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL AND RESTORATION  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARD HATS, SAFETY GLASSES, LEVEL C PPE WHEN IN EXCLUSION ZONE  
Chemical Hazards ASBESTOS CONTAINING MATERIAL  
Physical Hazards MOVING EQUIPMENT, LADDER, TRUCK, SLIP, TRIP, FALL  
Emergency Procedures 911

Hospital / Clinic WEST JEFFERSON MED. CENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address 1101 MEDICAL CENTER BLVD, MARCO (WEST BANK EXPRESSWAY & AVE D)  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
Randy Biliot  
Carlos Cortez  
NIDAL CHAKER

SIGNATURE  
Randy Biliot  
Carlos Cortez  
Nidal Chaker

Meeting conducted by:  
STEVE PERRY  
NAME PRINTED  
Supervisor Steve Perry

SIGNATURE  
Manager \_\_\_\_\_



# TAILGATE SAFETY MEETING

Division/Subsidiary IT RAPID RESPONSE Facility PITTSBURGH  
Date 12/19/99 Time 0700 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL AND RESTORATION  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARD HAT, SAFETY GLASSES  
LEVEL C PPE WHEN IN EXCLUSION ZONE  
Chemical Hazards ASBESTOS CONTAINING MATERIAL  
Physical Hazards MOVING EQUIPMENT, LADDER, TRUCK, SLIP, TRIP, FALL  
Emergency Procedures 911  
Hospital / Clinic WEST JEFFERSON MED CENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address 101 MEDICAL CENTER BLVD, MARCO (WESTBANK EXPRESSWAY + AVE D)  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
Nidal CHKEER  
Carlos Cortez  
Baudilio Membreno  
Randy Bittion

SIGNATURE  
[Signature]  
[Signature]  
Baudilio Membreno  
Randy Bittion

Meeting conducted by: STEVE PERRY  
Supervisor Steve Perry

SIGNATURE  
Manager \_\_\_\_\_



# TAILGATE SAFETY MEETING

Division/Subsidiary IT RAPID RESPONSE Facility PITTSBURGH  
Date 12/20/99 Time 0700 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WEST BANK ASBESTOS  
Type of Work ASBESTOS REMOVAL AND RESTORATION  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARDHATS, SAFETY GLASSES  
LEVEL C PPE WHEN IN EXCLUSION, TRAFFIC VEST WHILE DIRECTING TRAFFIC  
Chemical Hazards ASBESTOS CONTAINING MATERIAL

Physical Hazards MOVING EQUIPMENT, LADDER, TRUCK, SLIP, TRIP, FALL

Emergency Procedures 911

Hospital / Clinic WEST JEFFERSON MED. CENTER Phone ( ) 911 Paramedic Phone ( ) 911

Hospital Address 1101 MEDICAL CENTER BLVD, MAARO (WEST BANK EXPRESSWAY + AVE D)

Special Equipment \_\_\_\_\_

Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
Baudilio Membreno  
Carlos Cortez  
Miguel CHKEER  
Rudy Billiot

SIGNATURE  
Baudilio Membreno  
@Cortez  
Rudy D. Billiot S.E.

Meeting conducted by:  
STEVE PERRY  
Supervisor Steve Perry

SIGNATURE  
Manager \_\_\_\_\_



# TAILGATE SAFETY MEETING

Division/Subsidiary IT RAPID RESPONSE Facility PITTSBURGH  
Date 12/21/99 Time 0700 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL AND RESTORATION  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HANDHATS, SAFETY GLASSES  
LEVEL "C" PPE WHILE IN EXCLUSION ZONE  
Chemical Hazards ASBESTOS CONTAINING MATERIALS  
Physical Hazards MOVING EQUIPMENT, SLIP, TRIP, FALL, TRUCK  
Emergency Procedures 911  
Hospital / Clinic WEST JEFFERSON MED. CENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address 1101 MEDICAL CENTER BLVD, MARRO (WESTBANK EXPRESSWAY & AVE D)  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
Baudilio Membreno  
Carlos Cortez  
Rudy Bilzlot  
Nidal Chaeer

SIGNATURE  
Baudilio Membreno  
CCortez  
Rudy D. Bilzlot  
Nidal Chaeer

Meeting conducted by: STEVE PERRY  
Supervisor Steve Perry

SIGNATURE  
Manager \_\_\_\_\_



# TAILGATE SAFETY MEETING

Division/Subsidiary IT RAPID RESPONSE Facility PITTSBURGH  
Date 12/23/99 Time 0700 Job Number 768209  
Customer USACE-RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WESTBANK ASBESTOS  
Type of Work ASBESTOS REMOVAL AND RESTORATION  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARDHATS, SAFETY GLASSES  
Chemical Hazards NONE  
Physical Hazards MOVING EQUIPMENT, SLIP, TRIP, FALL  
Emergency Procedures 911  
Hospital / Clinic WEST JEFFERSON MEDCENTER Phone ( ) 911 Paramedic Phone ( ) 911  
Hospital Address 1201 MEDICAL CENTER BLVD, MARCO (WESTBANK EXPRESSWAY & AVE D)  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED  
Rudy Billiot  
Carlos Cortez  
Baudilio Membreno  
Will CHICKER

SIGNATURE  
Rudy Billiot  
Carlos Cortez  
Baudilio Membreno

Meeting conducted by: STEVE PERIZY  
Supervisor Steve Perry

SIGNATURE  
Manager \_\_\_\_\_





# TAILGATE SAFETY MEETING

Division/Subsidiary IT RAPID RESPONSE Facility PITTSBURGH  
Date 12/23/99 Time 0700 Job Number 768209  
Customer USACE - RAPID RESPONSE Address: \_\_\_\_\_  
Specific Location WEST BANK ASBESTOS  
Type of Work ASBESTOS REMOVAL AND RESTORATION  
Chemicals Used \_\_\_\_\_

## SAFETY TOPICS PRESENTED

Protective Clothing/Equipment STEEL TOE BOOTS, HARD HATS, SAFETY GLASSES  
Chemical Hazards NONE  
Physical Hazards SLIP, TRIP, FALL  
Emergency Procedures 911  
Hospital / Clinic WEST JEFFERSON MED CENTER Phone ( ) 94 Paramedic Phone ( ) 911  
Hospital Address 110 MEDICAL CENTER BLVD, MARCO (WEST BANK EXPRESSWAY & AVE D)  
Special Equipment \_\_\_\_\_  
Other \_\_\_\_\_

## ATTENDEES

NAME PRINTED

SIGNATURE

Carlos Cortez  
Baudilio Membrera  
Buddy Bilal

Carlos Cortez  
Baudilio Membrera  
Buddy Bilal

Meeting conducted by:

STEVE PERRY

NAME PRINTED

Supervisor

Steve Perry

SIGNATURE

Manager

## **ATTACHMENT C**

December 3, 1999

(b) (6)

Re: Agreement on Driveway Repair - Site #1138

Property Located at (b) (6)

Dear (b) (6):

You have notified the U.S. Environmental Protection Agency (USEPA) of your dissatisfaction with the repair made to the concrete driveway at your residence. In order to be responsive to your concerns, the USEPA through its contractor and other federal agencies, has agreed to rectify the issue.

The USEPA agrees to extend your driveway a distance equal to the quantity of concrete which had been previously agreed to be removed and replaced. This extension of the reinforced concrete driveway will be installed to match the existing grade of the current slab and to properly drain water.

The USEPA's offer is contingent upon your acceptance of the terms and conditions as set forth in this letter agreement:

(a) Upon signature of this agreement, USEPA will authorize its contractor, IT Corporation (IT) to begin preparing the area for placement of the concrete slab.

(b) By signing this agreement, you are releasing the United States, the USEPA, any agency of the United States, or any contractor or subcontractor of the United States for any and all actions relating to the placement of this concrete slab or the existing slab currently in place.

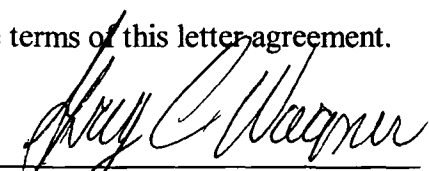
(c) By signing this agreement, you are agreeing that this placement of the concrete slab is compensation in full and complete satisfaction of any and all claims that you may have, now or in the future, whether known or not to you at this time.

Your signature below constitutes your acceptance in full to the terms of this letter agreement.

(b) (6)

(b) (6)

12/3/99

  
Greg Wagner, USACE  
On behalf of the USEPA

## **ATTACHMENT D**

[illegible]

## FIELD DATA SHEET 1

402 / 291 8177

THIS SITE IS  
COMPLETED  
PER JEFF WRIGHT  
11/22/99

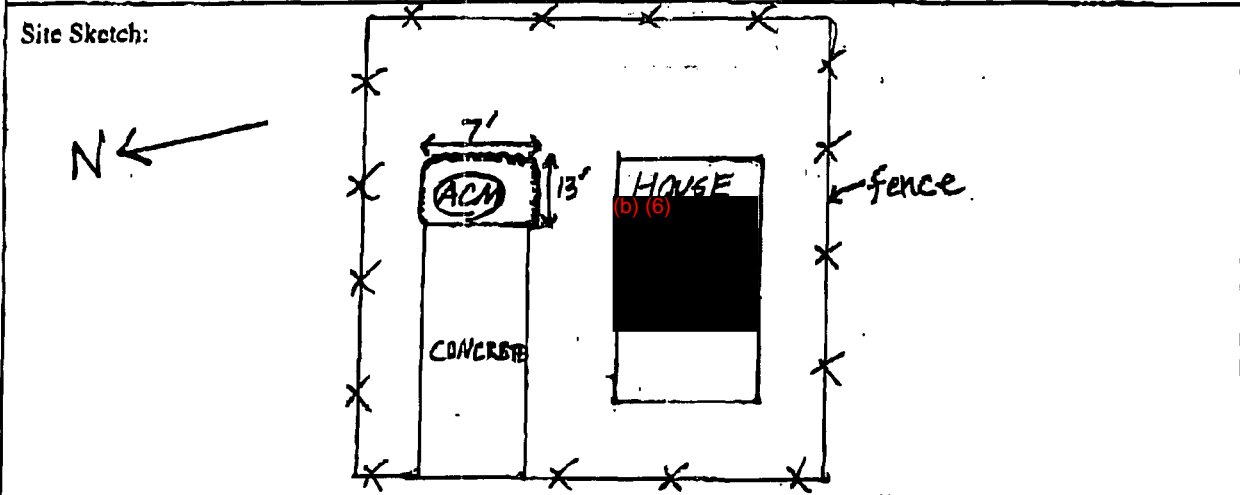
## Site Information:

Occupant: (b) (6)	Interviewee: (b) (6)
Address: (b) (6) <u>Westwego, LA</u>	
Phone No.: (b) (6)	
Owner Name, Address, and Phone No. if Different Than Occupant:	

## Site Description:

1) Description of property (circle): <u>single home</u> ; duplex; business; school; daycare; church; vacant house; vacant lot; other
2) Problems accessing yards (circle): locked gate; gate; dogs; other <u>NO</u> resolution:
3) Underground utilities installed by owner? (circle): <u>no</u> ; water; gas; electric; cable TV; septic tank; other Note location on site sketch.
4) Is any underground ACM present? (circle): yes; <u>no</u> ; don't know If yes, note on site sketch. How deep?

## Site Sketch:



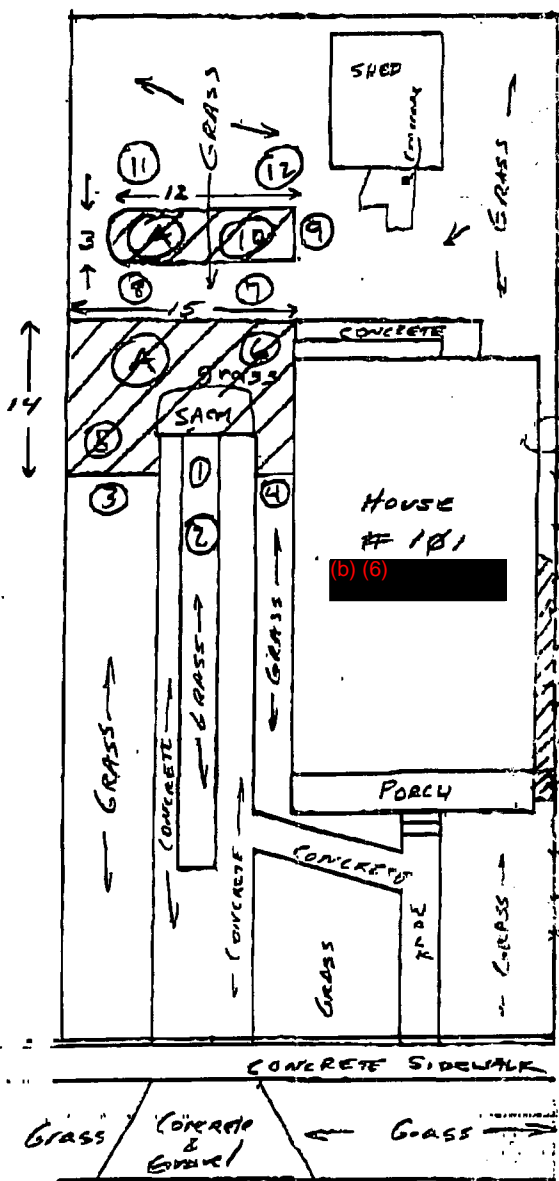
SIDEWALK

(b) (6)	(b) (6)
Estimated Volume of ACM: <u>91 ft<sup>2</sup></u>	
Comments: <u>Soil &amp; sod</u>	
Date/Time of Interview:	Access Granted (circle): <u>yes</u> no
Team Members:	

09-0101-510

THIS SITE COMPROMISED  
PRC JEFF WRIGHT  
11/23/99

THIS IS THE  
ONLY AREA  
THAT NEEDS  
TO BE REMOVED  
ALL OTHER ACM  
WAS REMOVED 2/99



Restoration: Soil/SOD (A)

4/17/97 1310 CC/KJ/KS

follow up inspection 1815 Alon remains on south side of house

Sketched By: R. Whitworth

K. Johnson

K. Stalling

Arr 1635

Ver 1705

#	cover	the	knoss
1	1		1
2	1		1
3	1		1
4	1		1
5	1		1
6	3		3
7	1		1
8	1		1
9	1		1
10	3		3
11	1		1
12	1		1

**09-0101-530**

## **SITE #531**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
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# EMSL Analytical, Inc.

2301 Central Pkwy, C-13

Houston, TX 77092

Phone: (713) 686-3635 Fax: (713) 686-3645

EMSL

Attn: Amanda Bordelar  
Ecology & Environmental  
11550 Newcastle Avenue  
250  
Baton Rouge, LA 70816

Tuesday, January 11, 2000

Ref Number: TX0040

## POLARIZED LIGHT MICROSCOPY (PLM)

Performed by EPA 600/R-93/116 Method\*

Project: 020601RAXX-WESTBANK ASBESTOS

Sample	Location	Appearance	Sample Treatment	ASBESTOS		NON-ASBESTOS	
				%	Type	%	Fibrous % Non-Fibrous
WBS1053-G01		Brown Non-Fibrous Homogeneous	Crushed	3%	Chrysotile		97% Other
WBS1053-G02		Brown Non-Fibrous Homogeneous	Crushed	2%	Chrysotile		98% Other
WBS1053-G03		Brown Non-Fibrous Homogeneous	Crushed	5%	Chrysotile		95% Other
WBS531-G03		Brown Non-Fibrous Homogeneous	Crushed	2%	Chrysotile		98% Other
WBS2029-G01		Brown Non-Fibrous Homogeneous	Crushed	30%	Chrysotile		70% Other
WBS992-G05		Brown Non-Fibrous Homogeneous	Crushed	2%	Chrysotile		98% Other

Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "# of Layers" refers to number of separable subsamples.

\* NY samples analyzed by ELAP 198.1 Method.



Carlos D. Salinas  
Analyst



Approved  
Signatory

Disclaimers: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Thus negative PLM results cannot be guaranteed. EMSL suggests that samples reported as <1% or none detected be tested with either SEM or TEM. The above test report relates only to the items tested. This report may not be reproduced, except in full, without written approval by EMSL. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government. Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples.

Analysis performed by EMSL Houston (NVLAP Air and Bulk #102106, Texas Dept. of Health #30-0159)

FYI:

SITE#

531

ADDRESS:

(b) (6)

Harvey, LA

BASED ON AN EVALUATION OF THE ANALYTICAL DATA, WE RECOMMEND THE FOLLOWING ACTION:

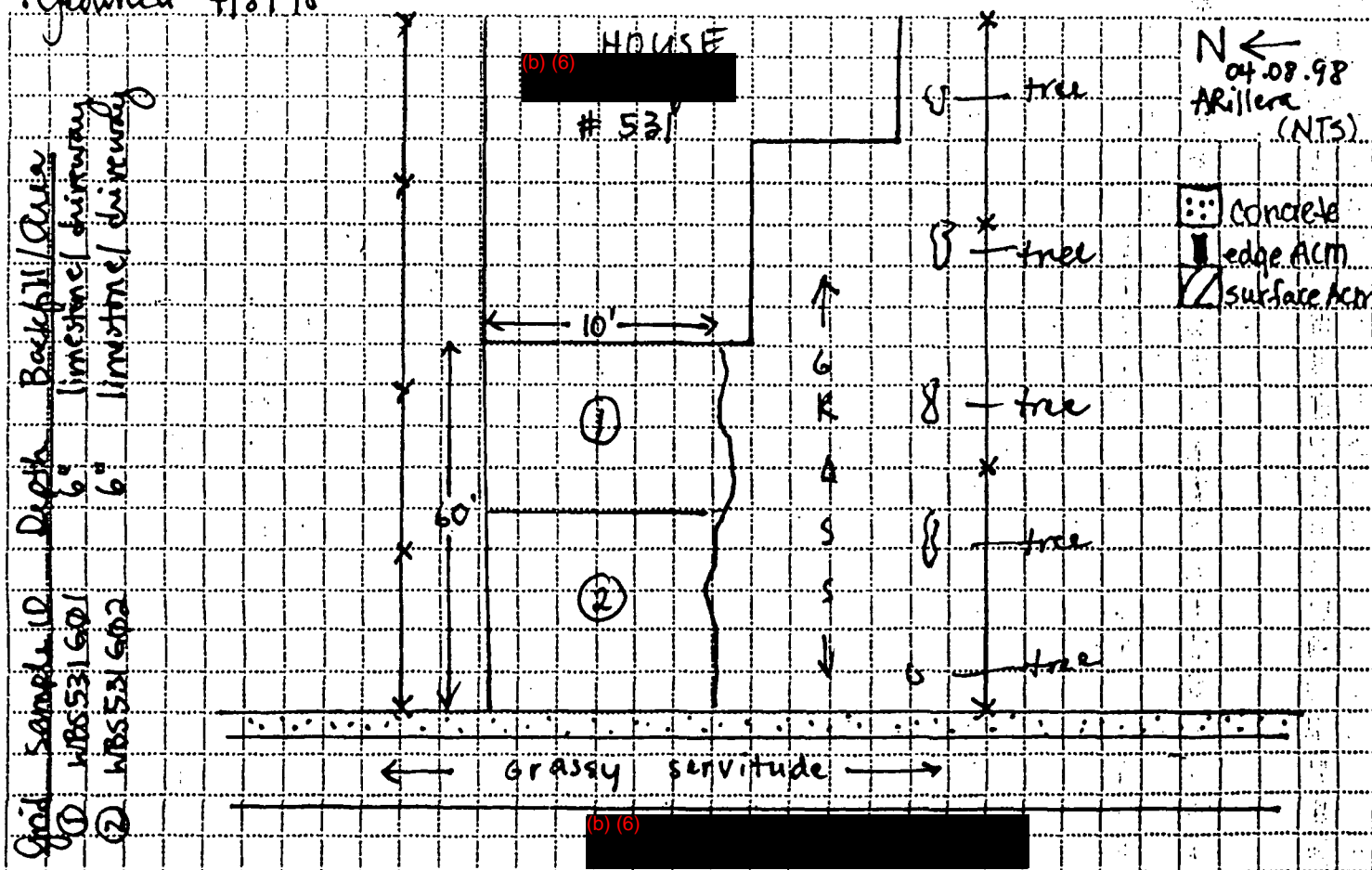
GRID # : 1 2

A. PROCEED WITH RESTORATION:

✓ ✓

B. FURTHER ACTION NECESSARY:

Johned 4/8/98



AUTHORIZED EPA/START REPRESENTATIVE

Alma Rullena

**06-0531-560**

## FIELD DATA SHEET 1

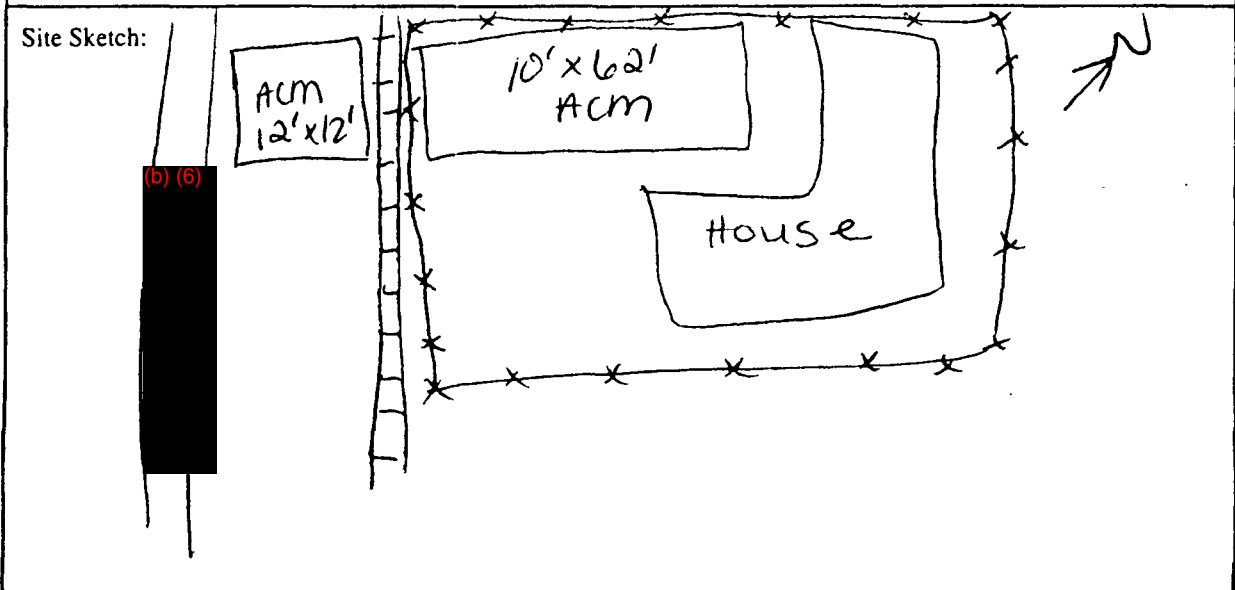
## Site Information:

Occupant: (b) (6)	Interviewee:
Address: (b) (6)	Harvey 70058
Phone No.: (b) (6)	
Owner Name, Address, and Phone No. if Different Than Occupant: (b) (6)	

## Site Description:

1) Description of property (circle): single home; duplex; business; school; daycare; church; vacant house; vacant lot; other _____
2) Problems accessing yards (circle): locked gate; gate; dogs; other _____ resolution: _____
3) Underground utilities installed by owner? (circle): no; water; gas; electric; cable TV; septic tank; other _____ Note location on site sketch.
4) Is any underground ACM present? (circle): yes; no; don't know If yes, note on site sketch. How deep? _____

Site Sketch:



Estimated Volume of ACM: \_\_\_\_\_

Comments: owner refuses to sign any form or allow anyone to work on property, however after work starts in the neighborhood and a house is complete you might try again.

Date/Time of Interview: 11/12; 10:30

Access Granted (circle): yes no

Team Members: SM/

TRACKING #

531

## SITE SKETCH

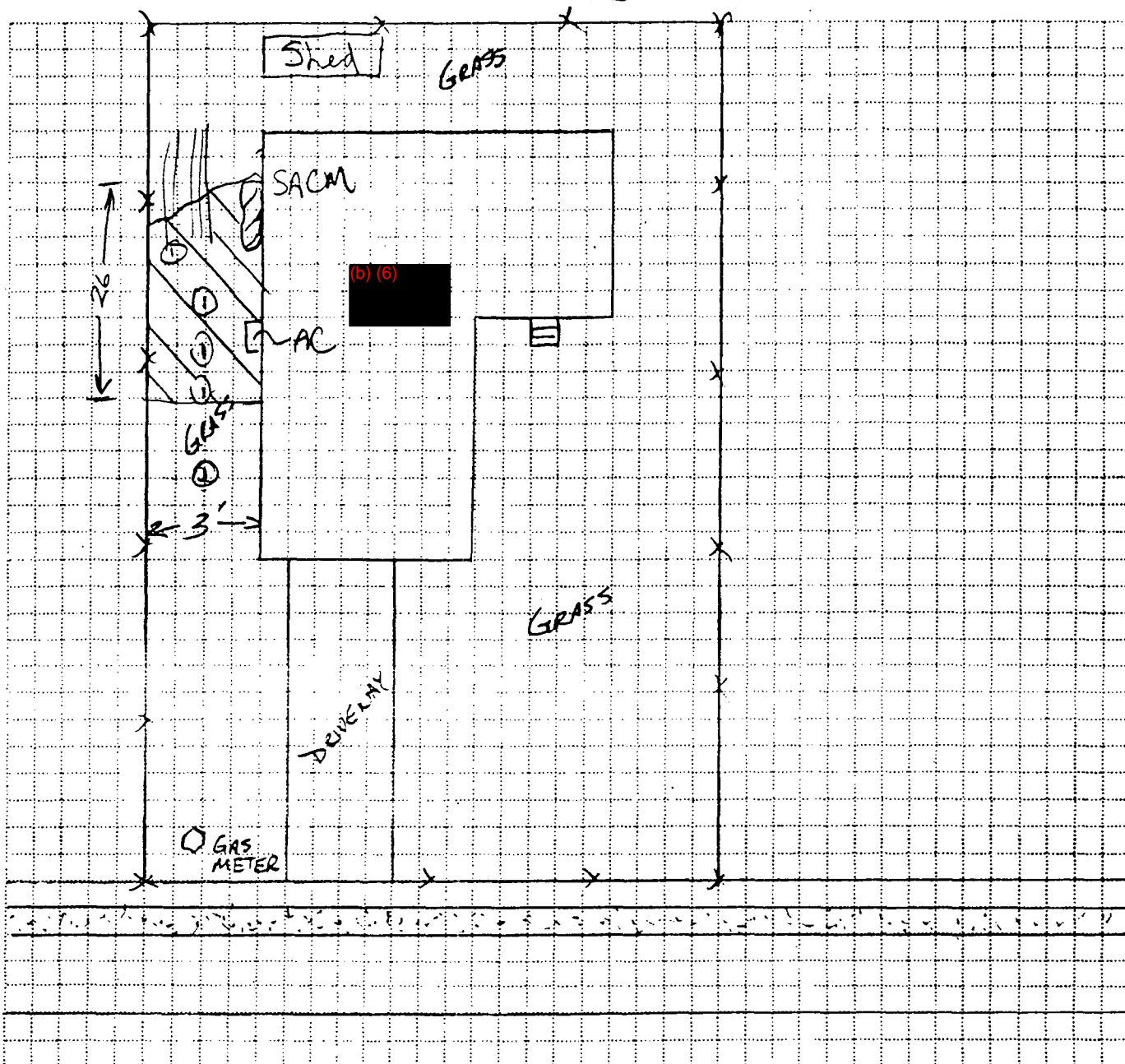
ADDRESS:

(b) (6)

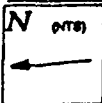
HN

Phase II

UPDATED: 7/1/99



## NOTES:



water & gas lines run  
along north side of  
house

RESTORATION: A: SAND

B:

C:

ARRIVAL: 1355

DEPARTURE: 1405

#	COVER	THICKNESS
①	2-3" Sod/Soil over 1" ACM	
	Small pieces of ACM are	
	also in this area	
②	6" Sod/Soil	

RESTORATION

APPROVED BY: OSC/ACE

DATE: 1/1/99 OWNER:

(b) (6)

via  
interview

DATE: 7/23/99

TEAM: Gd/MB DATE: 7/23/99

TO IT DATE: 1/1/99

06-0531-530

CONSENT FOR ACCESS TO PROPERTY  
WESTBANK ASBESTOS SITE

Property Owner's Name: (b) (6)  
Property Address: (b) (6) HARVEY  
State/Zip: HARVEY, LA 70058 Phone Number(s): (b) (6)

I hereby consent to officers, employees, and parties authorized by the United States Environmental Protection Agency (EPA) entering and having continued access to my property for the following purposes:

1. The taking of such soil, water, and air samples as may be determined to be necessary;
2. Other actions related to the investigation of surface or subsurface contamination.
3. The performance of a response action including, but not limited to, the following actions:
  - a. Use of mechanical equipment (e.g. small bulldozers, backhoes, or trackhoes and trucks) on the property;
  - b. Removal of asbestos-contaminated material from the property;
  - c. Replacement of removed asbestos-containing material with a like-material (i.e., clean fill, crushed limestone) and regrading of the replaced material to the property's original grade;
  - d. The replacement with locally-available vegetation of any sod, bushes, or trees whose removal was a necessary part of the removal action, and;
  - e. The taking of other actions necessary to migrate releases or threats or releases of hazardous substances, pollutants or contaminants from the property.

I realize that these actions are undertaken pursuant to EPA's response responsibilities under the Comprehensive Environmental Response, Compensation, and Liability Act, as amended (CERCLA), 42 U.S.C. § 9601 et seq. Under those authorities, EPA can only remediate hazardous substances located on such a property.

This written permission is given by me voluntarily with knowledge of my right to refuse and without threats or promises of any kind. By signing this access agreement I am not waiving any rights in law or in equity I may have against any person or party in connection with the response action EPA will perform.

3/17/98

DATE

(b) (6)

SIGNATURE

06-0531-520



**EMSL Analytical, Inc.**

6330 East 75th Street, Suite 152  
Indianapolis, Indiana 46250  
Phone (317) 570-5892 Fax (317) 570-5894

**EMSL**

Attn.: Alma Rillera  
Ecology & Environment  
11550 New Castle Avenue  
Suite 250  
Baton Rouge, LA 70816

Friday, April 10, 1998

Ref Number: IN981016

**POLARIZED LIGHT MICROSCOPY (PLM)**

Performed by EPA 600/R-93/116 Method\*

Project: 020601 - WESTBANK ASBESTOS

SAMPLE	LOCATION	APPEARANCE	SAMPLE TREATMENT	ASBESTOS		NONASBESTOS	
				%	TYPE	% FIBROUS	% NONFIBROUS
WBS1730G01	(b) (6)	Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile		80% Quartz 20% Other
WBS1730G02		Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile		80% Quartz 20% Other
WBS1730G03		Brown Non-Fibrous Homogeneous	Crushed	2% Chrysotile < 1% Crocidolite			78% Quartz 20% Other
WBS130G01		Brown Non-Fibrous Homogeneous	Crushed	1% Chrysotile 1% Crocidolite			78% Quartz 20% Other
WBS1898G01		Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile		80% Quartz 20% Other
WBS531G01		Brown Non-Fibrous Homogeneous	Crushed	None Detected			80% Quartz 20% Other

Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "% of Layers" refers to number of separable subsamples.

\* NY samples also analyzed by ELAP 128-1 Method

*Margaret S. Phillips*  
Margaret Phillips  
Analyst

*Robert L. Harding*  
Approved  
Signatory

Disclaimer: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Thus negative PLM results cannot be guaranteed. Floor tiles and wipes should be tested with either SEM or TEM. The above test report relates only to the items tested. This report may only be reproduced in full with written approval by EMSL. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government. All "NVLAP" reports with NVLAP logo must contain at least one signature to be valid. Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples. Analysis performed by EMSL of Indianapolis (NVLAP Air and Bulk #200166-0).

06-0531-570



**EMSL Analytical, Inc.**

6330 East 75th Street, Suite 152  
Indianapolis, Indiana 46250  
Phone (317) 570-5892 Fax (317) 570-5894

Attn.: Alma Rillera  
Ecology & Environment  
11550 New Castle Avenue  
Suite 250  
Baton Rouge, LA 70816

Friday, April 10, 1998

Ref Number: IN981016

**POLARIZED LIGHT MICROSCOPY (PLM)**

Performed by EPA 600/R-93/116 Method\*

Project: 020601 - WESTBANK ASBESTOS

SAMPLE	LOCATION	APPEARANCE	SAMPLE TREATMENT	<u>ASBESTOS</u>		<u>NONASBESTOS</u>	
				%	TYPE	% FIBROUS	% NONFIBROUS
WB9531G02	(b) (6)	Brown	Crushed	< 1%	Chrysotile		80% Quartz
		Non-Fibrous					20% Other
		Homogeneous					
WBS1823G01		Brown	Crushed		None Detected		80% Quartz
		Non-Fibrous					20% Other
		Homogeneous					

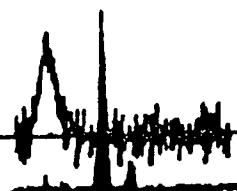
Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "# of Layers" refers to number of separable subsamples.

\* NY samples also analyzed by ELAP 198-1 Method

*Margaret S. Phillips*  
Margaret Phillips  
Analyst

*Robert L. Harding*  
Approved  
Signatory

Disclaimers: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Thus negative PLM results cannot be guaranteed. Floor tiles and wipes should be tested with either SEM or TEM. The above test report relates only to the items tested. This report may only be reproduced in full with written approval by EMSL. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government. All "NVLAP" reports with NVLAP logo must contain at least one signature to be valid. Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples. Analysis performed by EMSL of Indianapolis (NVLAP Air and Bulk #200188-0).







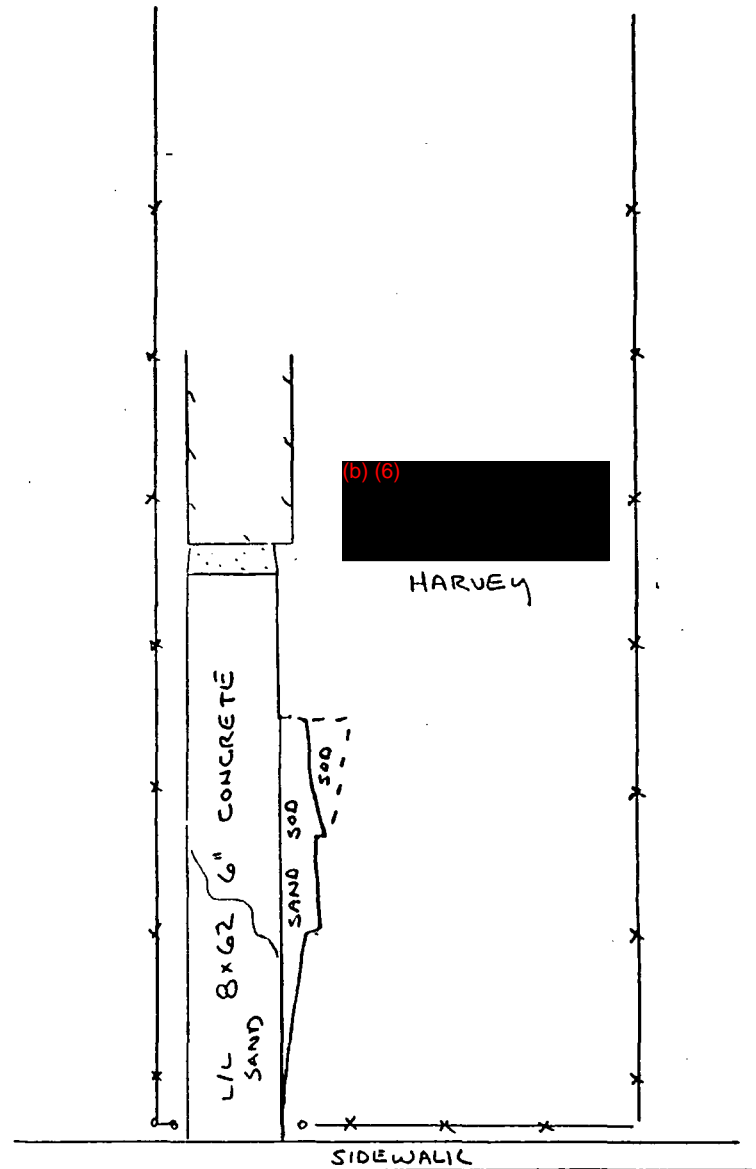
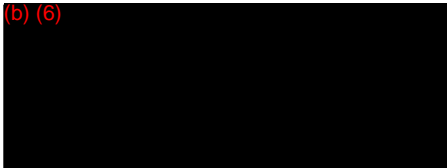
INTERNATIONAL  
TECHNOLOGY  
CORPORATION



By DM Date 4-9-98 Subject RESTORATION site # 531 Sheet No.      of       
Chkd. By      Date      Proj. No.     

NOTE :

NOTIFY RESIDENT PRIOR TO  
RESTORING PROPERTY



06-0531-590

# WESTBANK ASBESTOS REMOVAL PROJECT

## NEW ORLEANS, LA

DATE: 8/6/98

SITE # 531

ADDRESS:

(b) (6)

Harvey, LA

ACM LOCATED BENEATH:

☒ HOUSE  
☐ SHED

APPR. CRAWL SPACE HEIGHT

10"

DESCRIPTION OF ACM

☒ CHUNKS  
☐ POWDER  
☐ SLAB

PERCENT OF AREA (ACM)

1%

SKETCH OR COMMENTS:

← N

found ACM on surface just outside  
from beneath house @ NE corner.

(1) 5/11 WHOLE TO ACCESS

Team Members

PL/BL

06-0531-540

Printed on recycled paper

DRIVER: PLEASE SIGN HERE

*Joseph Lat*

# 425478

Jefferson Parish Landfill  
5000 Highway 90 West  
Avondale, LA 70094-0000

Page: 01 of 01

TICKET NBR

0424405

ORIGINAL

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
B & S EQUIPMENT CO., INC.	05	SHERRY	4:33PM	4:52PM	12/07/199
IT CORPORATION P.O. BOX 2995 TORRANCE, CA 90509-0000			GROSS Lbs. : 57,140.00IN-1 TARE Lbs. : 26,960.00OUT- NET Lbs. : 30,180.00		
IT CORPORATION 15 YARDS HAVE A GOOD DAY!!! I, THE DRIVER CERTIFY THAT THE WASTE I DELIVERED ORIGINATED IN JEFFERSON PARISH ONLY.			0001802 ADJUSTED Lbs. : 30,180.00		
SOURCES			OTHER INFORMATION		
SPECIAL WASTE			COMMERCIAL WASTE ADVF 51A/519 CELL GRID: D-F\250-150/1		
MATERIAL CODE/DESCRIPTION		QUANTITY	MEASURE	RATE	AMOUNT
541 -OUT OF PARISH WST / TONS NO TAX CHARGED		15.09	TONS	\$25.000	\$377.25
TOTAL AMOUNT					\$377.25

STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00519

JVF NO: LA00519 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY:  
\*\*\*\*\*  
PROJECT LOCATION/STREET ADDRESS/ZIP 3) ISSUE DATE

RESIDENCE

(b) (6)

HARVEY, LA 70058

PROJECT PHONE

CONTRACTOR'S NAME/MAILING ADDRESS/ZIP

IT CORPORATION  
2790 MOSSIDE BLVD  
PITTSBURGH, 15146

CONTRACTOR'S PHONE 412-858-3303

OWNER'S NAME/MAILING ADDRESS/ZIP

JOHN MANSVILLE INTERNATIONAL  
10100 WHITE ST  
LITTLETON, CO 80127

OWNER PHONE 504-436-0152

PRINTED/TYPED NAME

MICHAEL MARCIANTE

\*\*\*\*\*Owner/Operator\*\*\*\*\*

WASTE TRANSPORTER  
B&S EQUIPMENT

DISPOSAL SITE

Jefferson Parish Landfill

DATE SHIPPED

12/7/99

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Printed Name: THOMAS P. MADISON

Signature:

Date: 12/7/99

\*\*\*\*\*Transporter\*\*\*\*\*

DATE RECEIVED

12-7-99

PRINTED/TYPED NAME

Joseph Tate

\*\*\*\*\*Landfill\*\*\*\*\*

DATE BURIED

12/7/99

PRINTED/TYPED NAME

Monica Sullivan

SPECIAL CONDITIONS OR COMMENTS:

10/28/1999

EXPIRATION DATE

01/28/2000

PROJECT START DATE

11/08/1999

PROJECT COMPLETE DATE

01/30/2000

ESTIMATED ACM QUANTITY

17 CUFT

DESIGNATED DISPOSAL SITE

JEFFERSON PARISH LANDFILL

SIGNATURE

MAM

QUANTITY

2 CY

DATE PROJECT

COMPLETED

12/7/99

SHIPPING CLASSIFICATION

Asbestos, Class 9, NA2212, 111  
RD = 1.1b (.454 Kg)

DATE DELIVERED

12-7-99

SIGNATURE

Joseph Tate

QUANTITY RECEIVED

2 CY

SIGNATURE

Monica Sullivan

PIES: WHITE-DEQ; GREEN-OWNER; YELLOW-LANDFILL; PINK-TRANSPORTER; GOLD-OWNER

**SITE #992**

# EMSL Analytical, Inc.

2301 Central Fwy, C-13

Houston, TX 77092

Phone: (713) 686-3635 Fax: (713) 686-3645

EMSL

Attn.: Amanda Bordelar  
Ecology & Environmental  
11550 Newcastle Avenue  
250  
Baton Rouge, LA 70816

Tuesday, January 11, 2000

Ref Number: TX0040

## POLARIZED LIGHT MICROSCOPY (PLM)

Performed by EPA 600/R-93/116 Method\*

Project: 020601RAXX-WESTBANK ASBESTOS

Sample	Location	Appearance	Sample Treatment	ASBESTOS		NON-ASBESTOS	
				%	Type	%	Fibrous % Non-Fibrous
WBS1053-G01		Brown Non-Fibrous Homogeneous	Crushed	3%	Chrysotile		97% Other
WBS1053-G02		Brown Non-Fibrous Homogeneous	Crushed	2%	Chrysotile		98% Other
WBS1053-G03		Brown Non-Fibrous Homogeneous	Crushed	5%	Chrysotile		95% Other
WBS531-G03		Brown Non-Fibrous Homogeneous	Crushed	2%	Chrysotile		98% Other
WBS2029-G01		Brown Non-Fibrous Homogeneous	Crushed	30%	Chrysotile		70% Other
WBS992-G05		Brown Non-Fibrous Homogeneous	Crushed	2%	Chrysotile		98% Other

Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "# of Layers" refers to number of separable subsamples.

\* NY samples analyzed by ELAP 198.1 Method.



Carlos D. Salinas  
Analyst



Approved  
Signatory

Disclaimers: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Thus negative PLM results cannot be guaranteed. EMSL suggests that samples reported as <1% or none detected be tested with either SEM or TEM. The above test report relates only to the items tested. This report may not be reproduced, except in full, without written approval by EMSL. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government. Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples.

Analysis performed by EMSL Houston (NVLAP Air and Bulk #102106, Texas Dept. of Health #30-0159)

WESTBANK ACM REMOVAL PROJECT  
SAMPLE ANALYSIS CONFIRMATION  
USEPA START TEAM

PH 2

FYI:

SITE# 992

ADDRESS: (b) (6)  
Marrero, La

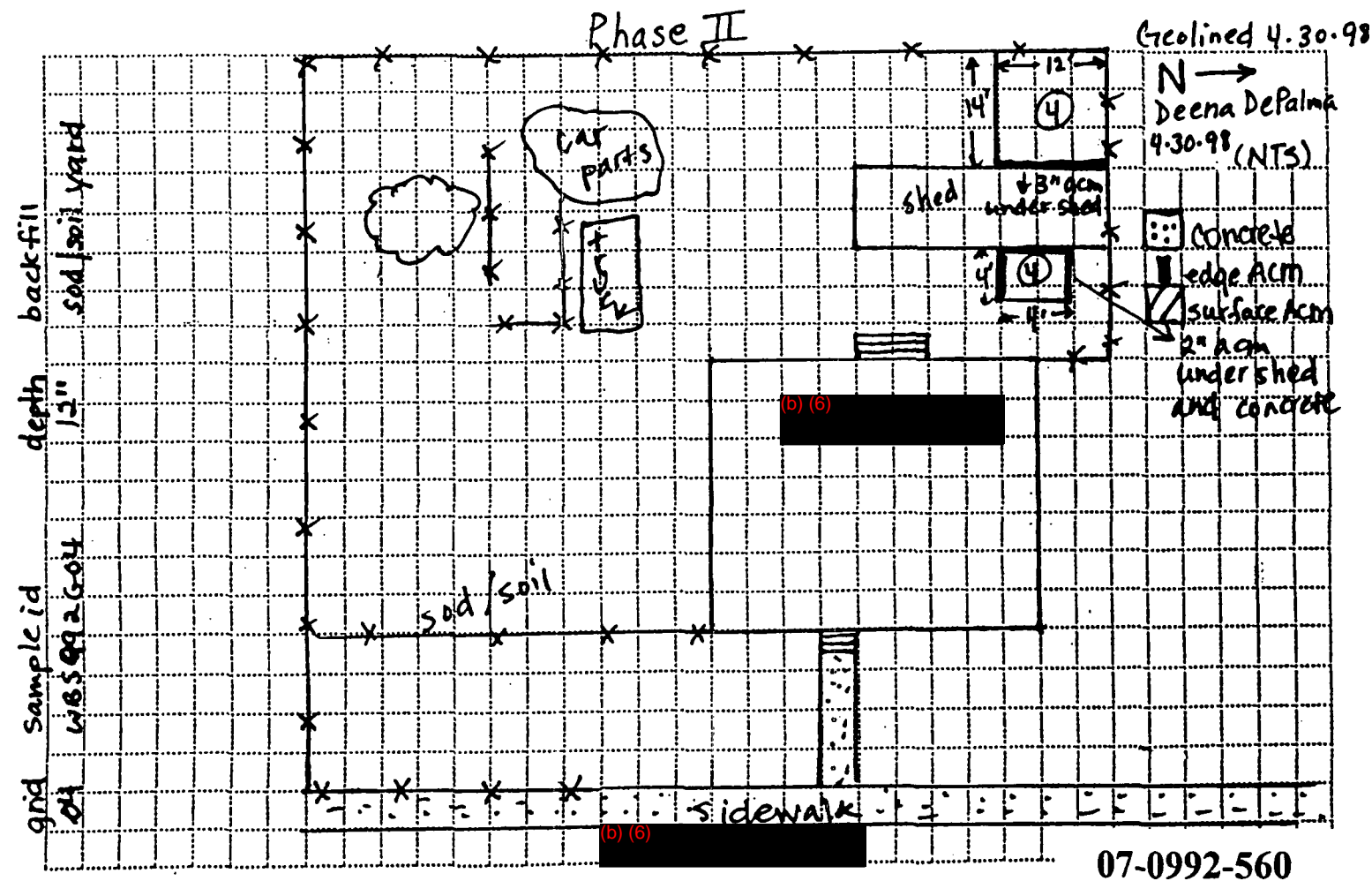
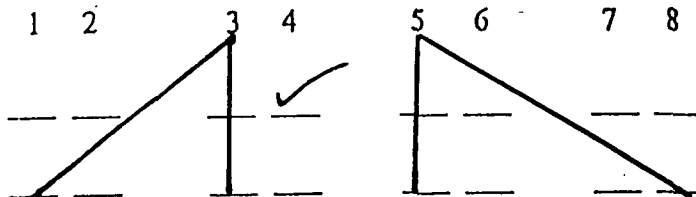
THE SAMPLE ANALYSIS RESULTS FOR THE ABOVE REFERENCED SITE WERE RECEIVED AND WERE EVALUATED BY THE USEPA START TEAM ON \_\_\_\_\_

BASED ON AN EVALUATION OF THE ANALYTICAL DATA, WE RECOMMEND THE FOLLOWING ACTION:

GRID #: 1 2 3 4 5 6 7 8

A. PROCEED WITH RESTORATION: \_\_\_\_\_

B. FURTHER ACTION NECESSARY: \_\_\_\_\_



AUTHORIZED EPA/START REPRESENTATIVE Deena DePalma

# WESTBANK ACM REMOVAL PROJECT SAMPLE ANALYSIS CONFIRMATION USEPA START TEAM

FYI:

SITE# 992

ADDRESS: (b) (6)

Marrero, La

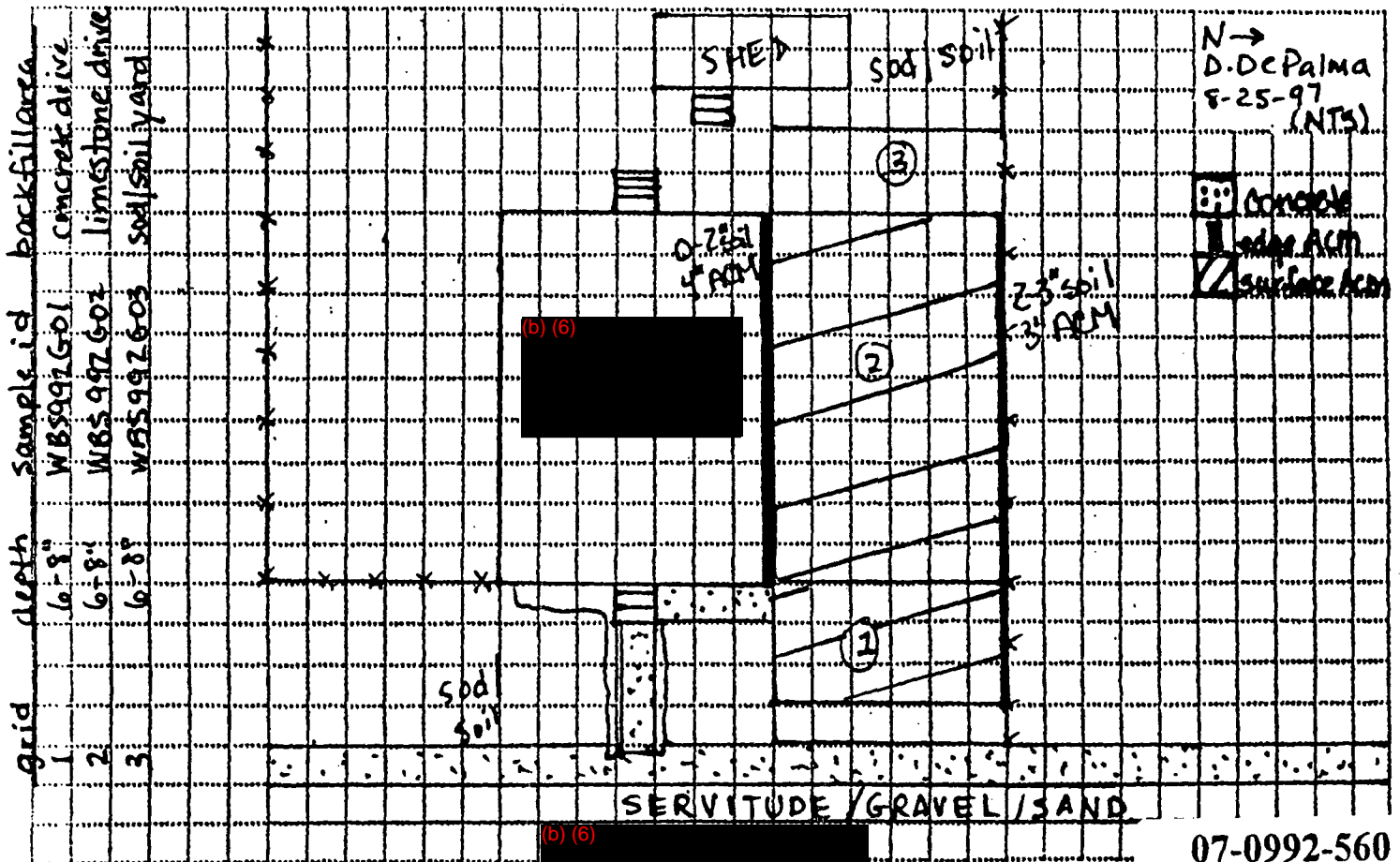
THE SAMPLE ANALYSIS RESULTS FOR THE ABOVE REFERENCED SITE WERE RECEIVED AND WERE EVALUATED BY THE USEPA START TEAM ON 8-28-97

BASED ON AN EVALUATION OF THE ANALYTICAL DATA, WE RECOMMEND THE FOLLOWING ACTION:

GRID #: 1 2 3 4 5 6 7 8

A. PROCEED WITH RESTORATION: ✓ ✓ ✓ --- --- --- --- ---

B. FURTHER ACTION NECESSARY: --- --- --- --- --- --- --- ---



AUTHORIZED EPA/START REPRESENTATIVE

Deena DePalma

07-0992-560



## FIELD DATA SHEET 1

*Left Access 3-4-97 RW*

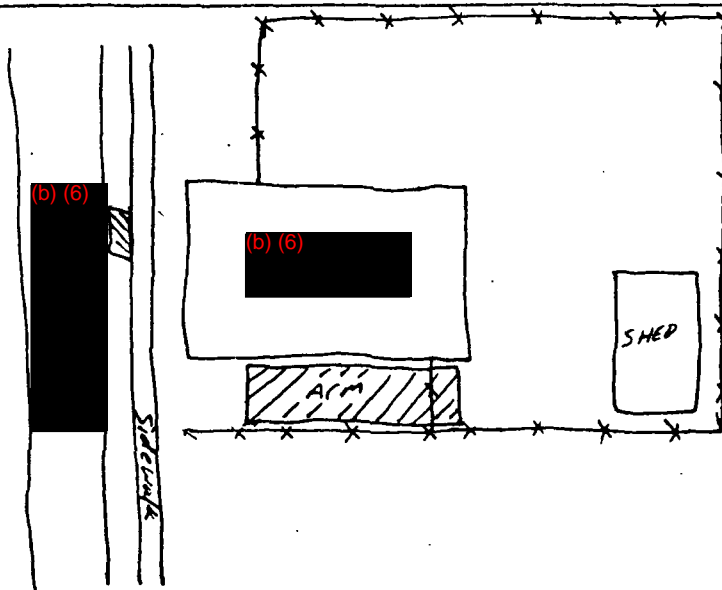
## Site Information:

Occupant: (b) (6)	Interviewee:
Address: (b) (6)	Marrero Ld
Phone No.: (b) (6)	
Owner Name, Address, and Phone No. if Different Than Occupant:	

## Site Description:

1) Description of property (circle): <u>single home</u> ; duplex; business; school; daycare; church; vacant house; vacant lot; other _____
2) Problems accessing yards (circle): <u>locked gate</u> ; gate; <del>dogs</del> ; other _____ resolution: _____
3) Underground utilities installed by owner? (circle): no; water; gas; electric; cable TV; septic tank; other _____ Note location on site sketch.
4) Is any underground ACM present? (circle): <u>yes</u> ; no; don't know If yes, note on site sketch. How deep? _____

## Site Sketch:



Estimated Volume of ACM: \_\_\_\_\_

Comments:

Date/Time of Interview: 3/4/97 1505Access Granted (circle): yes noTeam Members: CMA/RW

07-0992-510

TRACKING #

992

## SITE SKETCH

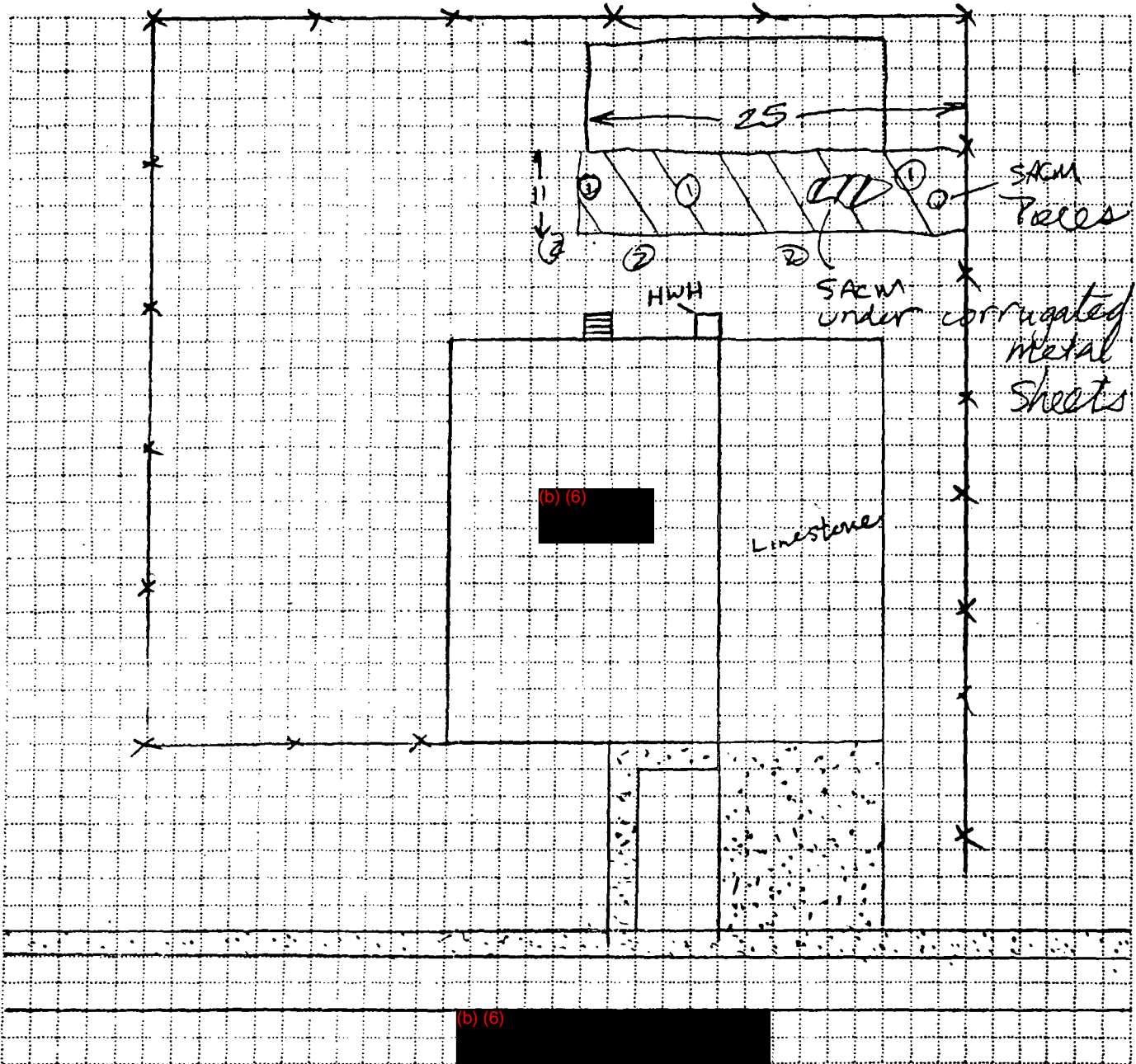
ADDRESS:

(b) (6)

MA

Phase III

UPDATED: 11



## NOTES:



RESTORATION: A: GRASS

B:

C:

ARRIVAL: 1508

DEPARTURE: 1510

#	COVER	THICKNESS
1	Grass 2-3"	> 1" ACM
2	Grass	no ACM

RESTORATION

APPROVED BY: OSC/ACE

DATE: 1

1

OWNER:

(b) (6)

by

DATE:

7/23/99

TEAM: GD/MB

DATE: 7/23/99

TO IT DATE:

1

interview

07-0992-530

972

CONSENT FOR ACCESS TO PROPERTY  
WESTBANK ASBESTOS SITE

Property Owner's Name: (b) (6)  
Property's Address: (b) (6) MAPPERO  
State/Zip: LA Phone Number(s): (b) (6)

I hereby consent to officers, employees, and parties authorized by the United States Environmental Protection Agency (EPA) entering and having continued access to my property for the following purposes:

1. The taking of such soil, water and air samples as may be determined to be necessary;
2. Other actions related to the investigation of surface or subsurface contamination;
3. The performance of a response action including, but not limited to, the following actions:
  - a. Use of mechanical equipment (e.g. small bulldozers, backhoes, or trackhoes and trucks) on the property;
  - b. Removal of asbestos-contaminated material from the property;
  - c. Replacement of removed asbestos-containing material with a like-material (i.e., clean fill, crushed limestone) and regrading of the replaced material to the property's original grade;
  - d. The replacement with locally-available vegetation of any sod, bushes, or trees whose removal was a necessary part of the removal action, and;
  - e. The taking of other actions necessary to mitigate releases or threats of releases of hazardous substances, pollutants or contaminants from the property.

I realize that these actions are undertaken pursuant to EPA's response responsibilities under the Comprehensive Environmental Response, Compensation, and Liability Act, as amended (CERCLA), 42 U.S.C. § 9601 et seq. Under those authorities, EPA can only remediate and restore contaminated property, and it legally cannot improve a property beyond removing hazardous substances located on such a property.

This written permission is given by me voluntarily with knowledge of my right to refuse and without threats or promises of any kind. By signing this access agreement I am not waiving any rights in law or in equity I may have against any person or party in connection with the response action EPA will perform.

3-6-97  
DATE

(b) (6)  
SIGNATURE /

07-0992-520

CALL

(b) (6)

TRACKING #

992

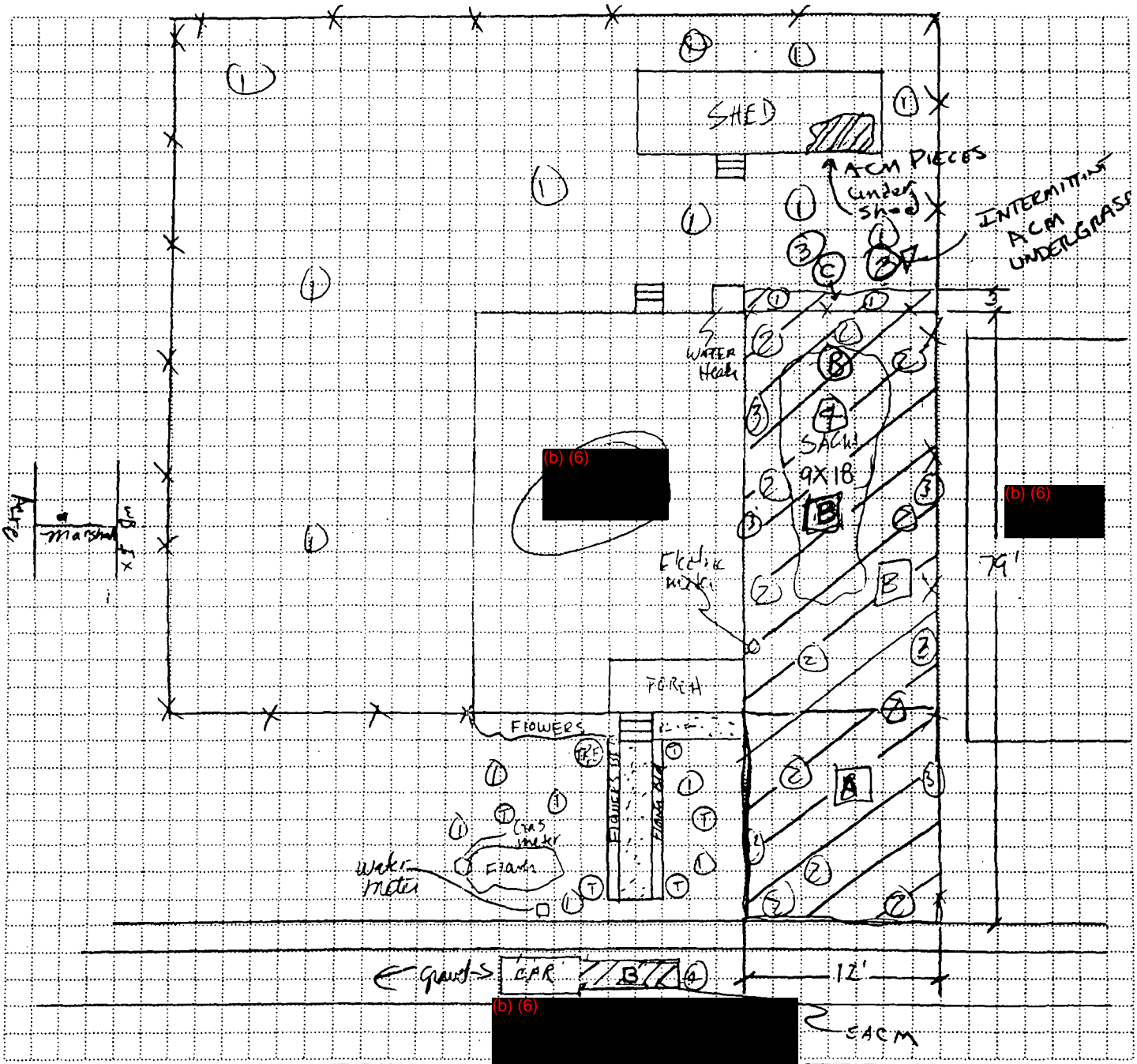
## SITE SKETCH

ADDRESS:

(b) (6)

Manno

UPDATED: 11



## NOTES:

N (NTS)



RESTORATION: A: Concrete  
B: Limestone  
C: Grass

ARRIVAL: 130

DEPARTURE: 230

TEAM:

TT/DA

RESTORATION APPROVED BY:

TW 7/25/97

(b) (6)

DATE:

7/11/97

07-0992-530

DATE: 8/6/97

6 FT 8/6/97

mm

#	COVER	THICKNESS
1	Soil/SOD 6"	---
2	Gravel 3"	2" ACM
2	Soil/SOD 3"	3" ACM
4	---	2" SOD

TRACKING #

0992

## SITE SKETCH

ADDRESS:

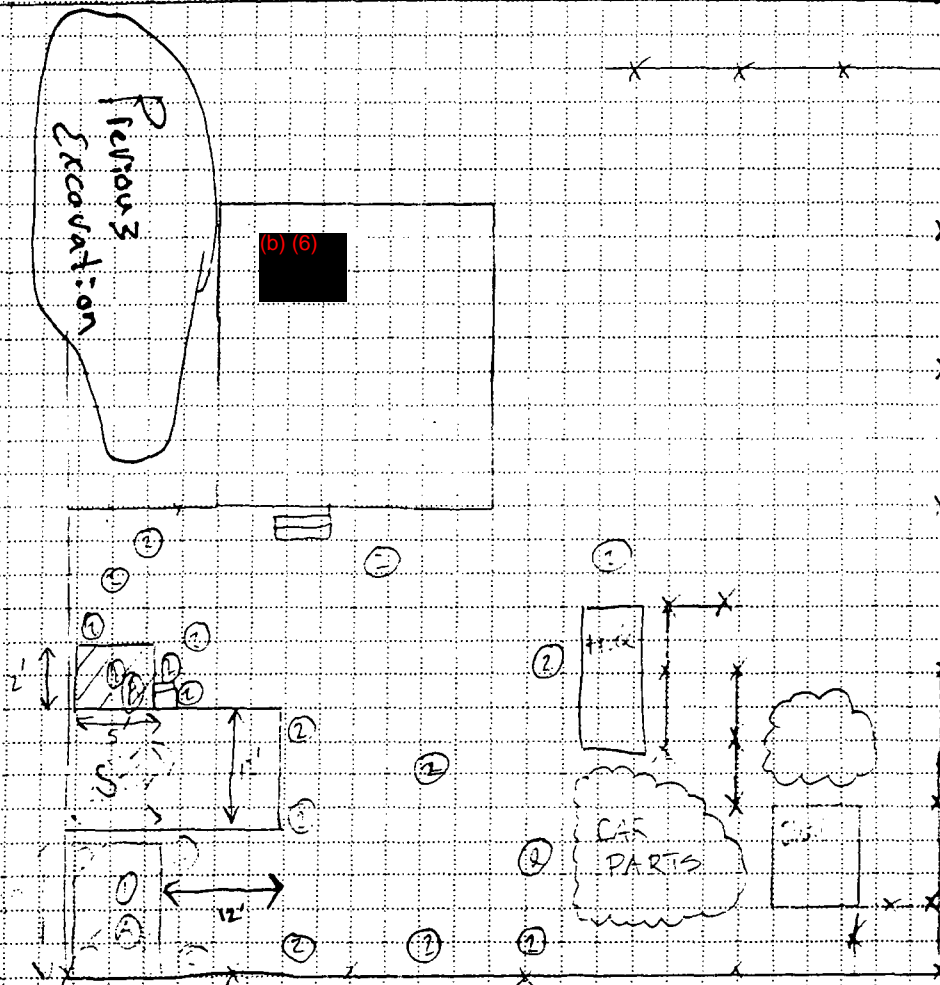
(b) (6)

NA

UPDATED: 4/2/98

PHASE II

(b) (6)



## NOTES:

N (NTS)



RESTORATION: A:

B:

C:

ARRIVAL: 10:45

DEPARTURE: 11:00

TEAM:

PL/CS

RESTORATION APPROVED BY:

(b) (6)

DATE: 4/2/98

\* TO IT 4/3/98

07-0992-530

DATE: 4/3/98

#	COVER	THICKNESS
1	4.5 SA/x-1	1-2" ACM
2	-	-

**EMSL Analytical, Inc.**

6330 East 75th Street, Suite 152  
 Indianapolis, Indiana 46250  
 Phone (317) 570-5892 Fax (317) 570-5894



Attn.: Maggie Lin  
 Ecology & Environmental  
 11550 New Castle Avenue  
 Baton Rouge, LA 70816

Wednesday, August 27, 1997

Ref Number: IN97909

**POLARIZED LIGHT MICROSCOPY (PLM)**

Performed by EPA 600/R-93/116 Method\*

Project: 020601 RAGI WESTBANK ASBESTOS

SAMPLE	LOCATION	APPEARANCE	SAMPLE TREATMENT	ASBESTOS		NONASBESTOS	
				%	TYPE	%	FIBROUS
WBS871G01	(b) (6)	Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile	80%	Quartz
				< 1%	Crocidolite	20%	Other
WBS871G02		Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile	80%	Quartz
				< 1%	Crocidolite	20%	Other
WBS992G01		Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile	80%	Quartz
				< 1%	Crocidolite	20%	Other
WBS992G02		Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile	80%	Quartz
				< 1%	Crocidolite	20%	Other
WBS992G03		Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile	80%	Quartz
				< 1%	Crocidolite	20%	Other
WBS181G01		Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile	80%	Quartz
				< 1%	Crocidolite	20%	Other

Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "N of Layers" refers to number of separable subsamples.

\* NY samples also analyzed by ELAP 198-1 Method

Jane Wasilewski  
 Analyst

Approved  
 Signatory

Disclaimers: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. This need be guaranteed. Floor tiles and wipes should be tested with either SEM or TEM. The above test report relates only to the may only be reproduced in full with written approval by EMSL. The above test must not be used by the client to claim pre INVLAP nor any agency of the United States Government. All "INVLAP" reports with INVLAP logo must contain at least one Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples. Analysis performed by EMSL of Indianapolis (INVLAP AL and EPL 1992-1993-94).

07-0992-570



# EMSL Analytical, Inc.

6330 East 75th Street, Suite 152  
Indianapolis, Indiana 46250  
Phone (317) 570-5892 Fax (317) 570-5894

EMSL

Attn.: Deena DePalma  
Ecology & Environment  
11550 New Castle Avenue  
Suite 250  
Baton Rouge, LA 70816

Monday, May 04, 1998

Ref Number: IN981340

## POLARIZED LIGHT MICROSCOPY (PLM)

Performed by EPA 600/R-93/116 Method\*

PH II

Project: 020601 WESTBANK ASBESTOS REMOVAL

SAMPLE	LOCATION	APPEARANCE	SAMPLE TREATMENT	ASBESTOS		%	NONASBESTOS	
				%	TYPE		FIBROUS	% NONFIBROUS
WBS1953G01	(b) (6)	Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile Crocidolite			80% Quartz 20% Other
WBS992G04		Brown Non-Fibrous Homogeneous	Crushed	1%	Chrysotile Crocidolite			78% Quartz 20% Other
WBS1897G01		Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile			80% Quartz 20% Other
WBS1897G02		Brown Non-Fibrous Homogeneous	Crushed	1%	Chrysotile 2% Crocidolite			77% Quartz 20% Other
WBS1897G03		Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile			80% Quartz 20% Other
WBS1897G04		Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile Crocidolite			80% Quartz 20% Other

Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "# of Layers" refers to number of separable subsamples.

\* NY samples also analyzed by ELAP 198-1 Method

Margaret S. Phillips  
Margaret Phillips  
Analyst

Robert L. Harding  
07-0992-570

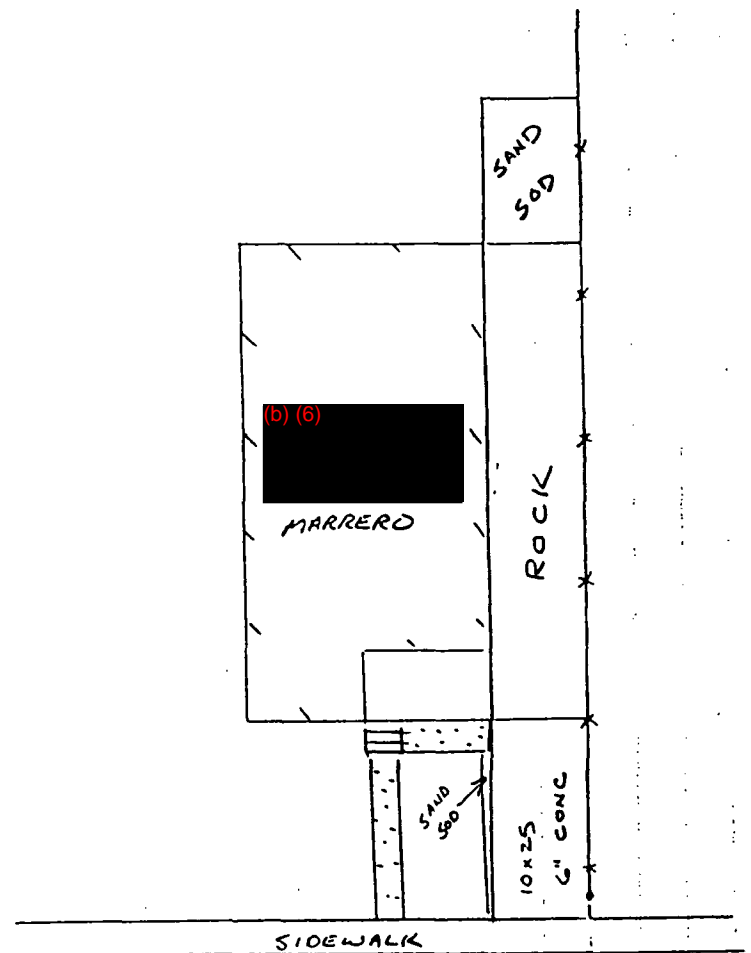
Disclaimer: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. These negative PLM results cannot be guaranteed. Floor tiles and wipes should be tested with either SEM or TEM. The above test report relates only to the items tested. This report may only be reproduced in full with written approval by EMSL. The above test must not be used by the client to claim product endorsement by NYLAP nor any agency of the United States Government. All "NYLAP" reports with NYLAP logo must contain at least one signature to be valid. Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples.



INTERNATIONAL  
TECHNOLOGY  
CORPORATION



By PM Date 8-25-97 Subject RESTORATION SITE # 992 Sheet No.        of         
Chkd. By        Date        Proj. No.       



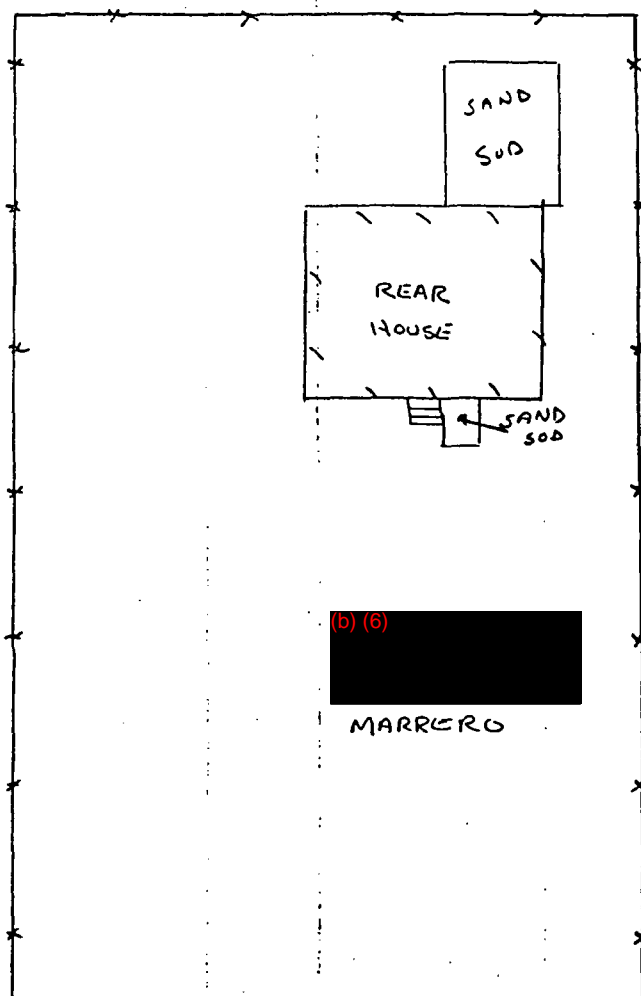
07-0992-590





By PM Date 5-4-98 Subject RESTORATION SITE # 992 II Sheet No.      of     

Chkd. By      Date      Proj. No.     



07-0992-590

# WESTBANK ASBESTOS REMOVAL PROJECT NEW ORLEANS, LA

DATE: 9/15/93  
SITE #: 992

ADDRESS: (b) (6)  
Warrento

ACM LOCATED BENEATH:

<input type="checkbox"/>	HOUSE
<input type="checkbox"/>	SHED

APPR. CRAWL SPACE HEIGHT:

\_\_\_\_\_

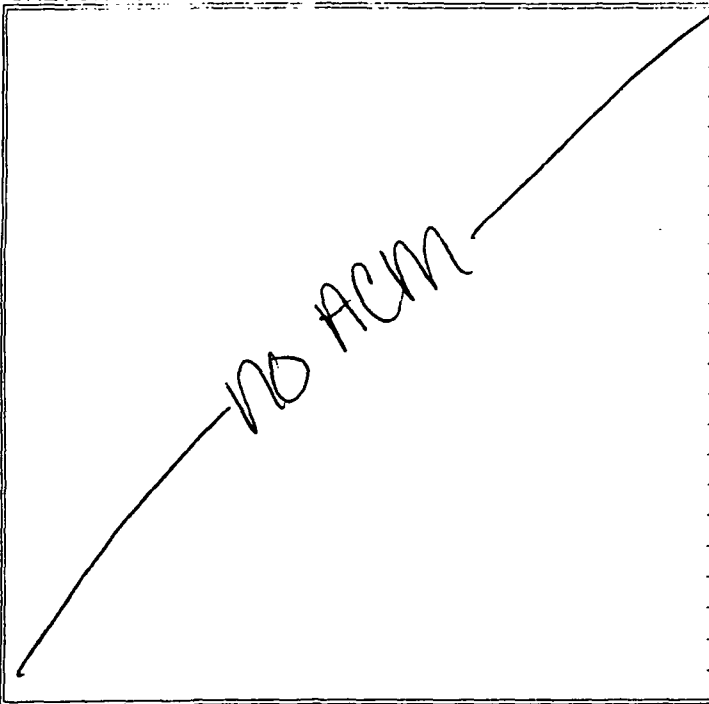
DESCRIPTION OF ACM:

<input type="checkbox"/>	CHUNKS
<input type="checkbox"/>	POWDER
<input type="checkbox"/>	SLAB

PERCENT OF AREA (ACM)

\_\_\_\_\_

SKETCH OR COMMENTS:

	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____

TEAM MEMBERS: KJHS

07-0992-540

TRACKING # 992

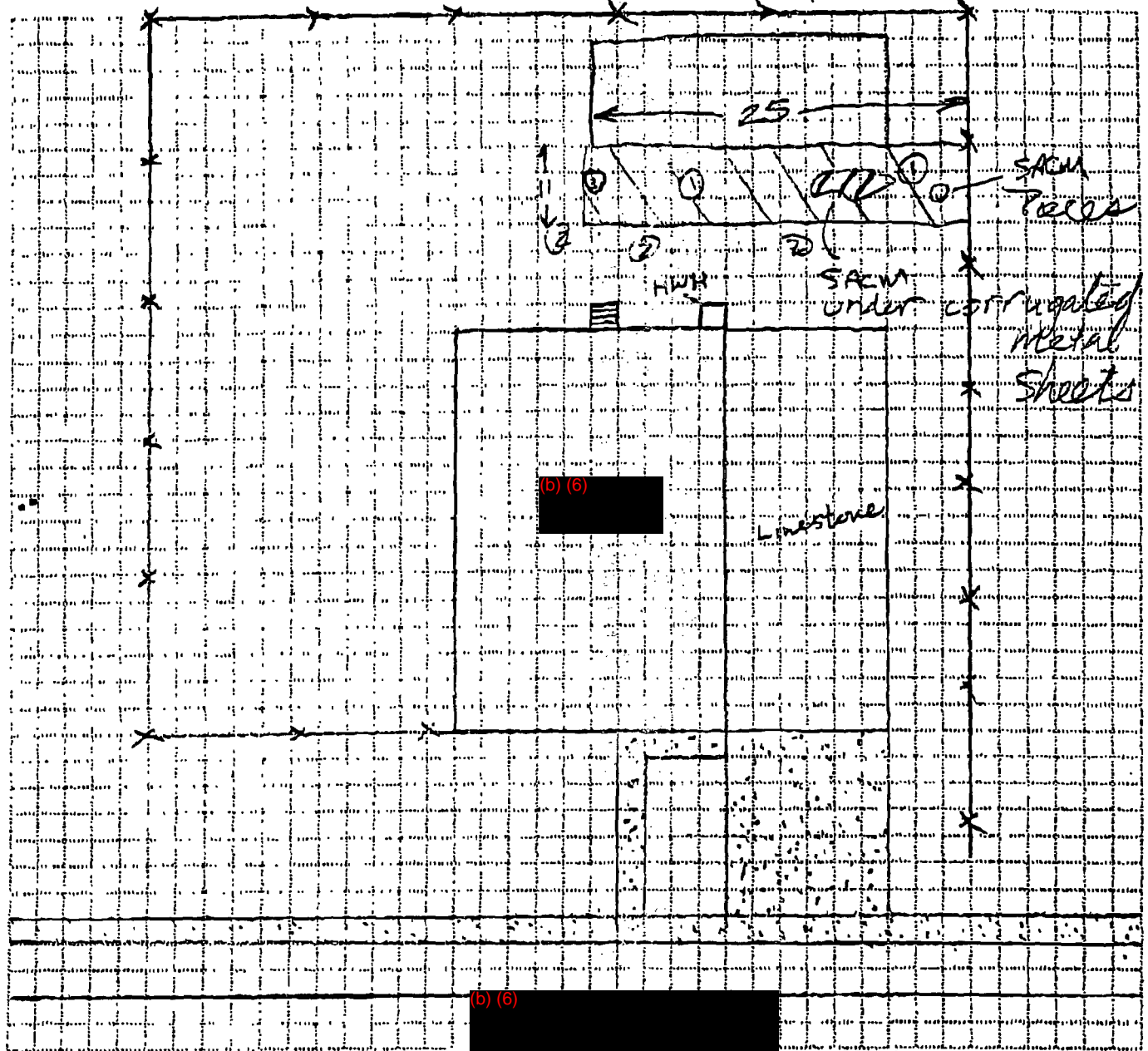
# SITE SKETCH

ADDRESS: (b) (6)

MA

Phase III

UPDATED: 11



## NOTES:



RESTORATION: A: GRASS  
B:  
C:

ARRIVAL: 1508  
DEPARTURE: 1510

#	COVER	THICKNESS
1	Grass	2.5" > 1" ACM
2	Grass	1.5" 15

RESTORATION  
APPROVED BY: OSC/ACE DATE: 11 OWNER: (b) (6) by interview DATE: 7/23/99  
TEAM: GD/NB DATE: 7/23/99 TO IT DATE: 11

07-0992-32

Tracking Number 992

## FIELD DATA SHEET 1

Left Access 3-4-97 RW

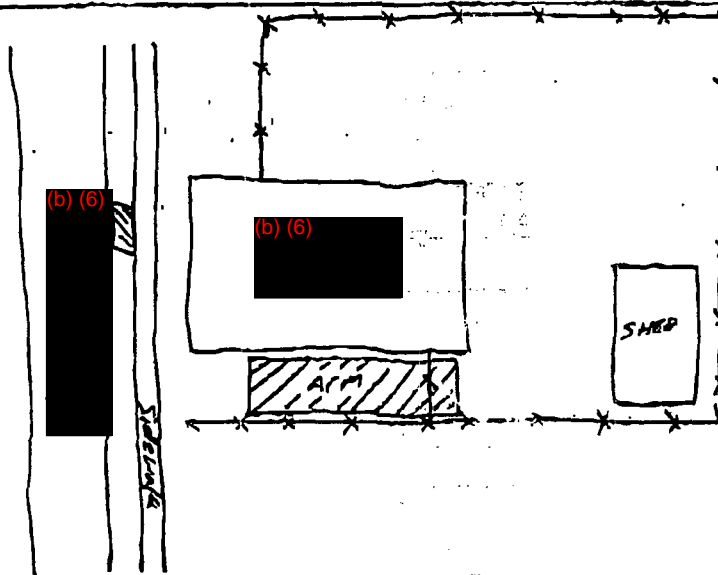
## Site Information:

Occupant: (b) (6)	Interviewee:
Address:	<u>Marrero Ld</u>
Phone No.:	
Owner Name, Address, and Phone No. if Different Than Occupant:	

## Site Description:

1) Description of property (circle): <u>single home</u> ; duplex; business; school; daycare; church; vacant house; vacant lot; other _____
2) Problems accessing yards (circle): <u>locked gate</u> ; gate; <del>dogs</del> ; other _____ resolution: _____
3) Underground utilities installed by owner? (circle): no; water; gas; electric; cable TV; septic tank; other _____ Note location on site sketch.
4) Is any underground ACM present? (circle): <u>yes</u> ; no; don't know If yes, note on site sketch. How deep? _____

## Site Sketch:



Estimated Volume of ACM: \_\_\_\_\_

Comments:

Date/Time of Interview: 3/4/97 1505Access Granted (circle): yes; noTeam Members: CHW/RW

07-0992-510

DRIVER: PLEASE SIGN HERE

Printed on recycled paper

Jefferson Parish Landfill  
5800 Highway 90 West  
Avondale, LA 70094-0000

Page: 01 of 01

TICKET NUMBER

0426363

ORIGINAL

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
B & S EQUIPMENT CO., INC.	05	SHIRLE	6:30AM	6:38AM	12/11/1999

IT CORPORATION  
P.O. BOX 2995  
TORRANCE, CA 90509-0000

GROSS Lbs. : 46,440.00 IN-1  
TARE Lbs. : 26,780.00 OUT-  
NET Lbs. : 19,660.00

IT CORPORATION 0001802  
15 YARDS

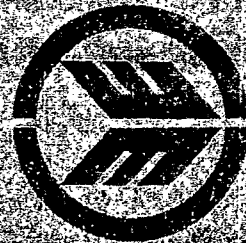
HAVE A GOOD DAY!!

I, THE DRIVER CERTIFY THAT THE WASTE I  
DELIVERED ORIGINATED IN JEFFERSON  
PARISH ONLY.

ADJUSTED Lbs. : 19,660.00

SOURCES	OTHER INFORMATION
---------	-------------------

SPECIAL WASTE



COMMERCIAL WASTE  
57778 ASBESTOS  
ADVF LA00523

CELL GRID: D-F\250-150/1

MATERIAL CODE/DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT
741 - SPECIAL WASTE TONS NO TAX CHARGED	9.83	TONS	\$25.000	\$245.75
TOTAL AMOUNT				\$245.75



STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00523

WVF NO: LA00523 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY: Low

\*\*\*\*\*

PROJECT LOCATION/STREET ADDRESS/ZIP

3) ISSUE DATE

RESIDENCE

10/28/1999

(b) (6)  
HARVEY, LA 70072

4) EXPIRATION DATE

01/28/2000

PROJECT PHONE

7) PROJECT START DATE

11/08/1999

CONTRACTOR'S NAME/MAILING ADDRESS/ZIP

IT CORPORATION  
2790 MOSSIDE BLVD  
PITTSBURGH, 15146

8) PROJECT COMPLETE DATE

01/30/2000

CONTRACTOR'S PHONE 412-858-3303

OWNER'S NAME/MAILING ADDRESS/ZIP

JOHN MANSVILLE INTERNATIONAL  
10100 W UTE ST  
LITTLETON, CO 80127

11) ESTIMATED ACM QUANTITY  
415 CUFT

12) DESIGNATED DISPOSAL SITE

JEFFERSON PARISH LANDFILL

1) OWNER PHONE 504-436-0152

2) PRINTED/TYPED NAME

MICHAEL MARCIANTE

14) SIGNATURE

MAM

\*\*\*\*\*Owner/Operator\*\*\*\*\*

3) WASTE TRANSPORTER  
B&S EQUIPMENT

16) QUANTITY SHIPPED 17) DATE PROJECT COMPLETED

0 15 CY

4) DISPOSAL SITE  
JEFFERSON PARISH LANDFILL

SHIPPING CLASSIFICATION

Asbestos, Class 9, NA2212, 111  
R0 = 1 lb (.454 Kg)

5) DATE SHIPPED

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

6) Printed Name: STEVEN W. PERRY

7) Signature: Steven W Perry

Date: 12/10/99

\*\*\*\*\*Transporter\*\*\*\*\*

8) DATE RECEIVED 12-11-99

23) DATE DELIVERED 12-11-99

9) PRINTED/TYPED NAME

Joseph Tate

25) SIGNATURE

Joseph Tate

\*\*\*\*\*Landfill\*\*\*\*\*

10) DATE BURIED 12/11/99

27) QUANTITY RECEIVED 0 15

11) PRINTED/TYPED NAME

Shirley Humel

29) SIGNATURE

Shirley Humel

\*\*\*\*\*

12) SPECIAL CONDITIONS OR COMMENTS:

COPIES: WHITE-DEQ; GREEN-OWNER; YELLOW-LANDFILL; PINK-TRANSPORTER; GOLD-OWNER

## SITE #1053

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
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# EMSL Analytical, Inc.

2301 Central Pkwy, C-13

Houston, TX 77092

Phone: (713) 686-3635 Fax: (713) 686-3645



Attn.: Amanda Bordelar  
Ecology & Environmental  
11550 Newcastle Avenue  
250  
Baton Rouge, LA 70816

Tuesday, January 11, 2000

Ref Number: TX0040

## POLARIZED LIGHT MICROSCOPY (PLM)

Performed by EPA 600/R-93/116 Method\*

Project: 020601RAXX-WESTBANK ASBESTOS

Sample	Location	Appearance	Sample Treatment	ASBESTOS		NON-ASBESTOS	
				%	Type	%	Fibrous % Non-Fibrous
WBS1053-G01		Brown Non-Fibrous Homogeneous	Crushed	3%	Chrysotile		97% Other
WBS1053-G02		Brown Non-Fibrous Homogeneous	Crushed	2%	Chrysotile		98% Other
WBS1053-G03		Brown Non-Fibrous Homogeneous	Crushed	5%	Chrysotile		95% Other
WBS531-G03		Brown Non-Fibrous Homogeneous	Crushed	2%	Chrysotile		98% Other
WBS2029-G01		Brown Non-Fibrous Homogeneous	Crushed	30%	Chrysotile		70% Other
WBS992-G05		Brown Non-Fibrous Homogeneous	Crushed	2%	Chrysotile		98% Other

Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "# of Layers" refers to number of separable subsamples.

\* NY samples analyzed by ELAP 198.1 Method.

Carlos D. Salinas  
Analyst

Approved  
Signatory

Disclaimers: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Thus negative PLM results cannot be guaranteed. EMSL suggests that samples reported as <1% or none detected be tested with either SEM or TEM. The above test report relates only to the items tested. This report may not be reproduced, except in full, without written approval by EMSL. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government. Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples.

Analysis performed by EMSL Houston (NVLAP Air and Bulk #102106, Texas Dept. of Health #30-0159)



WESTBANK ACM REMOVAL PROJECT  
SAMPLE ANALYSIS CONFIRMATION  
USEPA START TEAM

FYI:

SITE# 1053

ADDRESS: (b) (6)  
Harvey, LA

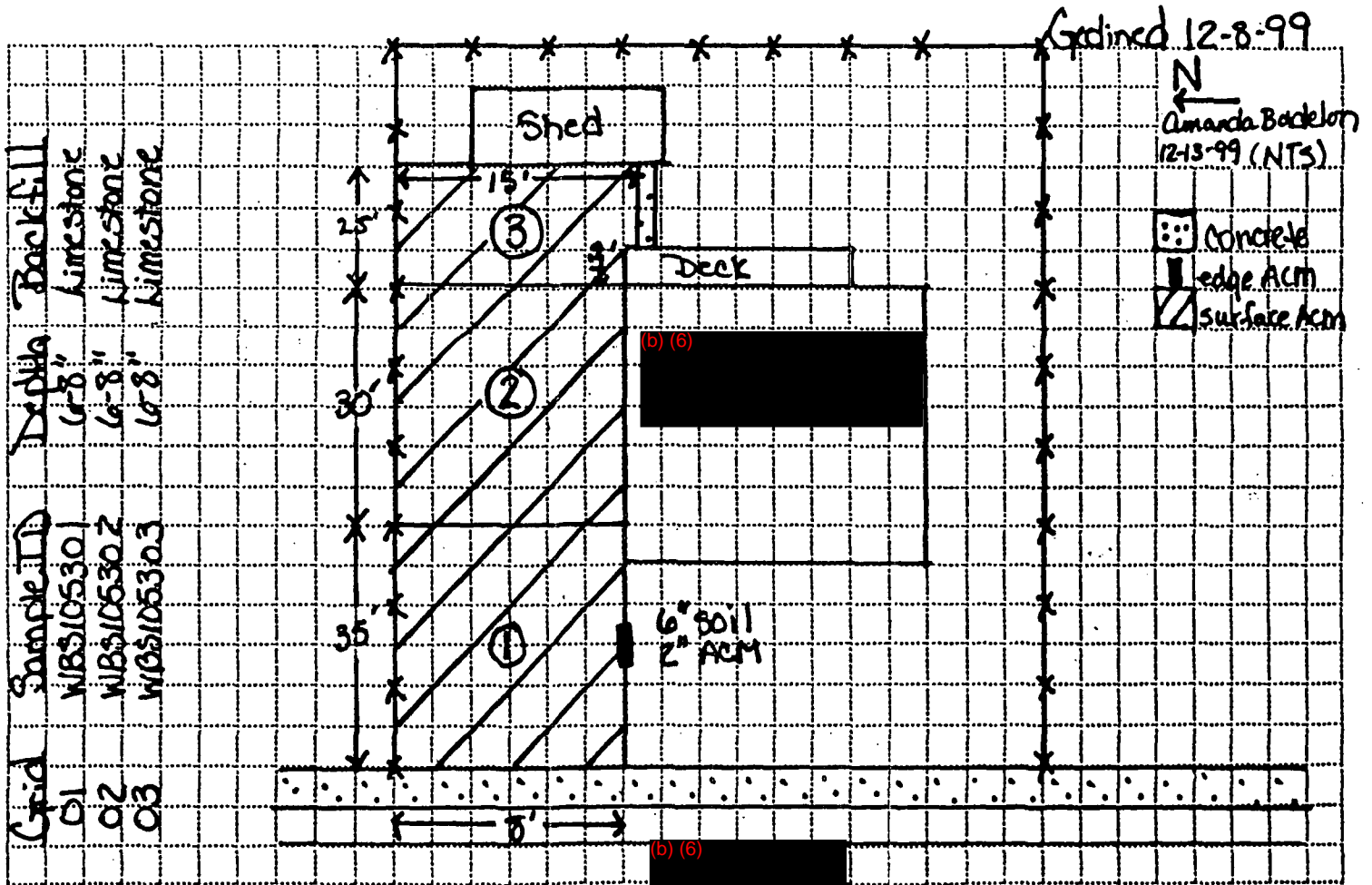
THE SAMPLE ANALYSIS RESULTS FOR THE ABOVE REFERENCED SITE WERE RECEIVED AND WERE EVALUATED BY THE USEPA START TEAM ON \_\_\_\_\_

BASED ON AN EVALUATION OF THE ANALYTICAL DATA, WE RECOMMEND THE FOLLOWING ACTION:

GRID #: 1 2 3 4 5 6 7 8

A. PROCEED WITH RESTORATION: ☒ ☒ ☒ ☐ ☐ ☐ ☐ ☐

B. FURTHER ACTION NECESSARY: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

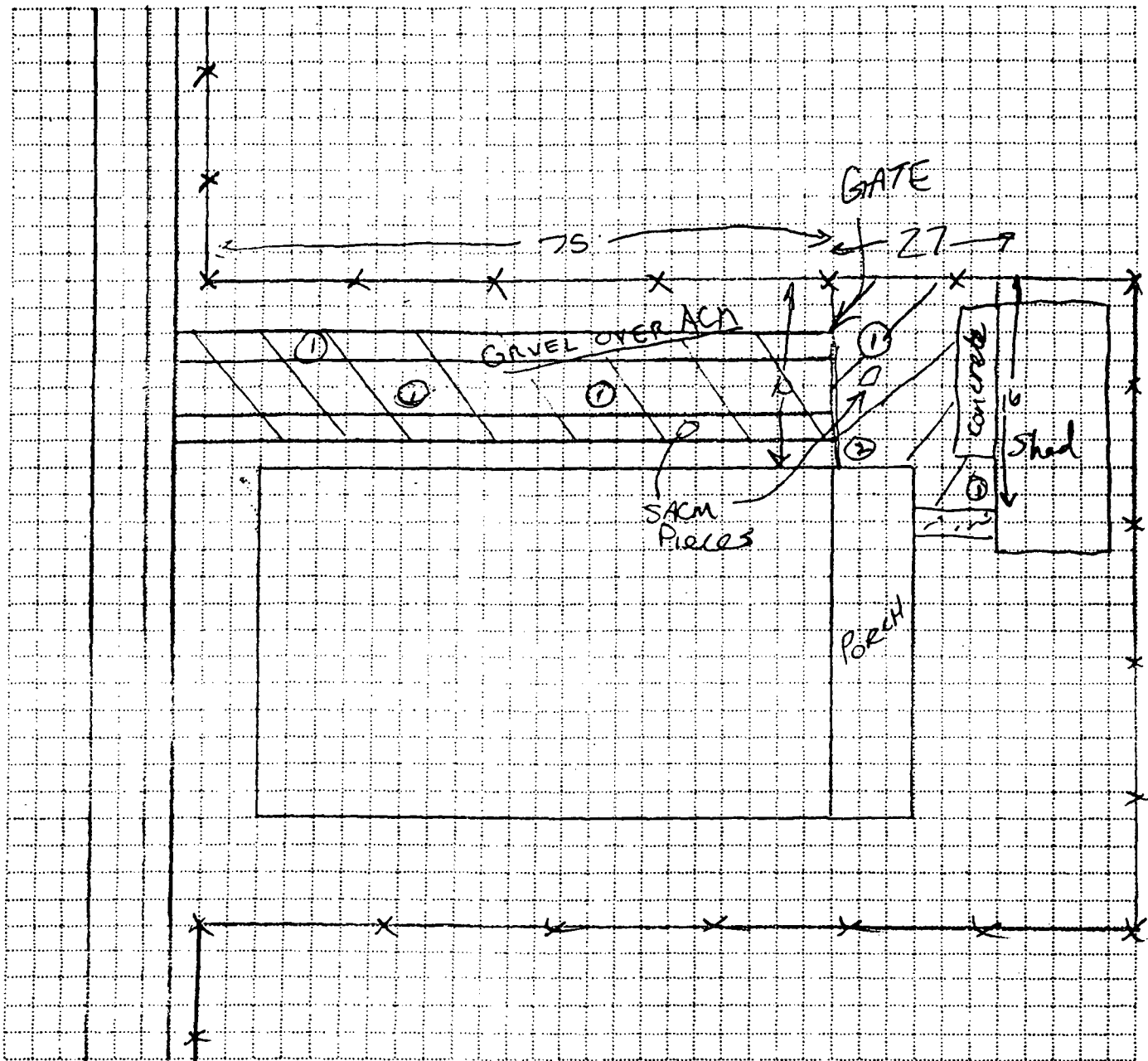


AUTHORIZED EPA/START REPRESENTATIVE

Amanda Borden

TRACKING # 1853

## SITE SKETCH

ADDRESS: (b) (6) HAUPDATED: 1 1

## NOTES:



AREA BETWEEN GATE & SHED  
DUG By owner, found ACM  
It is mixed in material

#	COVER	THICKNESS
1	Gravel 3"	> 1" ACM
2	Gravel	NO ACM

RESTORATION: A:  
B:  
C:

ARRIVAL:  
DEPARTURE:

RESTORATION

APPROVED BY: OSC/ACE DATE: 1 1 OWNERDATE: 1 1TEAM: GD/MB DATE: 7,23,99TO IT DATE: 1 1

3-25-97 - Not Home  
4-9-97 Not Home - Re  
5-12-97 Not Home 1340

Tracking Number 1053

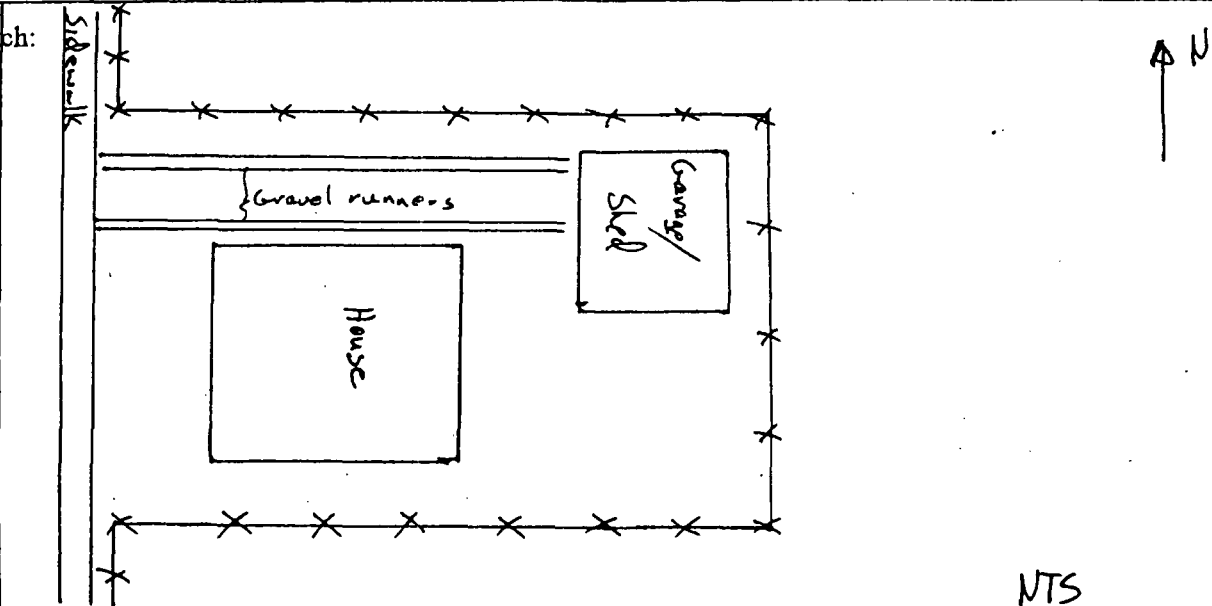
## FIELD DATA SHEET 1

### Site Information:

Occupant: (b) (6)	Interviewee: (b) (6) - phone 3/17/97
Address: (b) (6) HARVEY, LA	
Phone No.: (b) (6) (work) / (b) (6) (Home)	
Owner Name, Address, and Phone No. if Different Than Occupant: (b) (6) IS NEW RESIDENT + OWNER OF THIS PROPERTY HE DISCOVERED ACM WHILE DIGGING UP OLD DRIVEWAY (b) (6) (b) (6)	

### Site Description:

1) Description of property (circle): <u>single home</u> ; duplex; business; school; daycare; church; vacant house; vacant lot; other _____
2) Problems accessing yards (circle): <u>locked gate</u> ; gate; dogs; other <u>None</u> resolution: _____
3) Underground utilities installed by owner? (circle): <u>no</u> ; water; gas; electric; cable TV; septic tank; other _____ Note location on site sketch.
4) Is any underground ACM present? (circle): yes; <u>no</u> ; don't know If yes, note on site sketch. How deep? _____

Site Sketch:	
--------------	--

Estimated Volume of ACM: _____	
Comments: <u>NO VISIBLE ACM</u> 6/99 SEE NEW OWNER CORRECT ACM IN DRIVEWAY 6/99	
Date/Time of Interview: 4/9/97 1540	Access Granted (circle): <u>yes</u> ; no
Team Members: MTL/CMH	

06-1053-510

Gregory R Day  
Print Originator's Name  
Ecology and Environment, Inc.

## RECORD OF COMMUNICATION

Conversation with:

Wed 7/2/99

Name (b) (6)

Address (b) (6)

Harvey LA 70058

Phone (b) (6)

(Area Code) (Number)

Subject Site 1053

Date 6 / 7 / 99

(Mo) (Day) (Year)

Time 093 AM/PM

[ ] Originator Placed Call

[ ] Originator Received Call

TDD# 506-96-09-0006 PAN# 0173018FXX

Discussion: Found possible ACM while digging up driveway to install concrete. Informed Mrs (b) (6) to not disturb material. Asked her to cover material with Visqueen after wetting material down. Called again at 1130 to inform the (b) (6) EPA would be out the week of July 19 to clean/remove ACM.

Follow-Up-Action:

Originator's Signature:

Gregory R Day

CONSENT FOR ACCESS TO PROPERTY  
WESTBANK ASBESTOS SITE

Property Owner's Name: (b) (6)  
Property Address: (b) (6) HARVEY  
State/Zip: Phone Number(s) (b) (6) (u)  
(w)

I hereby consent to officers, employees, and parties authorized by the United States Environmental Protection Agency (EPA) entering and having continued access to my property for the following purposes:

1. The taking of such soil, water, and air samples as may be determined to be necessary;
2. Other actions related to the investigation of surface or subsurface contamination.
3. The performance of a response action including, but not limited to, the following actions:
  - a. Use of mechanical equipment (e.g. small bulldozers, backhoes, or trackhoes and trucks) on the property;
  - b. Removal of asbestos-contaminated material from the property;
  - c. Replacement of removed asbestos-containing material with a like-material (i.e., clean fill, crushed limestone) and regrading of the replaced material to the property's original grade;
  - d. The replacement with locally-available vegetation of any sod, bushes, or trees whose removal was a necessary part of the removal action, and;
  - e. The taking of other actions necessary to migrate releases or threats or releases of hazardous substances, pollutants or contaminants from the property.

I realize that these actions are undertaken pursuant to EPA's response responsibilities under the Comprehensive Environmental Response, Compensation, and Liability Act, as amended (CERCLA), 42 U.S.C. § 9601 et seq. Under those authorities, EPA can only remediate hazardous substances located on such a property.

This written permission is given by me voluntarily with knowledge of my right to refuse and without threats or promises of any kind. By signing this access agreement I am not waiving any rights in law or in equity I may have against any person or party in connection with the response action EPA will perform.

7/15/99  
DATE

(b) (6)  
\_\_\_\_\_  
SIGNATURE

1025  
CONSENT FOR ACCESS TO PROPERTY

WESTBANK ASBESTOS SITE

(b) (6)  
Property Owner's Name: [REDACTED]

(b) (6)  
Property's Address: [REDACTED]

State/Zip: MD/20958 Phone Number(s): (b) (6) [REDACTED]

I hereby consent to officers, employees, and parties authorized by the United States Environmental Protection Agency (EPA) entering and having continued access to my property for the following purposes:

1. The taking of such soil, water and air samples as may be determined to be necessary;
2. Other actions related to the investigation of surface or subsurface contamination;
3. The performance of a response action including, but not limited to, the following actions:
  - a. Use of mechanical equipment (e.g. small bulldozers, backhoes, or trackhoes and trucks) on the property;
  - b. Removal of asbestos-contaminated material from the property;
  - c. Replacement of removed asbestos-containing material with a like-material (i.e., clean fill, crushed limestone) and regrading of the replaced material to the property's original grade;
  - d. The replacement with locally-available vegetation of any sod, bushes, or trees whose removal was a necessary part of the removal action, and;
  - e. The taking of other actions necessary to mitigate releases or threats of releases of hazardous substances, pollutants or contaminants from the property.

I realize that these actions are undertaken pursuant to EPA's response responsibilities under the Comprehensive Environmental Response, Compensation, and Liability Act, as amended (CERCLA), 42 U.S.C. § 9601 et seq. Under those authorities, EPA can only remediate and restore contaminated property, and it legally cannot improve a property beyond removing hazardous substances located on such a property.

This written permission is given by me voluntarily with knowledge of my right to refuse and without threats or promises of any kind. By signing this access agreement I am not waiving any rights in law or in equity I may have against any person or party in connection with the response action EPA will perform.

5/29

DATE

(b) (6)  
[REDACTED]

SIGNATURE

06-1053-520

# WESTBANK ASBESTOS REMOVAL PROJECT NEW ORLEANS, LA

DATE: 9/21/98  
SITE #: 1053

ADDRESS: (b) (6)  
Harvey

ACM LOCATED BENEATH:

	HOUSE
	SHED

APPR. CRAWL SPACE HEIGHT:

\_\_\_\_\_

DESCRIPTION OF ACM:

	CHUNKS
	POWDER
	SLAB

PERCENT OF AREA (ACM)

\_\_\_\_\_

SKETCH OR COMMENTS:

NO ACM	

TEAM MEMBERS: JRL, TS

06-1053-540



DRIVER: PLEASE SIGN HERE

Printed on recycled paper

Jefferson Parish Landfill  
5800 Highway 90 West  
Avondale, LA 70094-0000

Page: 01 of 01

TICKET NO.

0424403

ORIGINAL

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
E & S EQUIPMENT CO., INC.	85	SHERRY	4:33PM	4:52PM	12/07/1999

IT CORPORATION  
P.O. BOX 2995  
TORRANCE, CA 90509-0000

GROSS Lbs. : 57,140.00 IN-1  
TARE Lbs. : 26,960.00 OUT-1  
NET Lbs. : 30,180.00

IT CORPORATION 0001802  
15 YARDS

HAVE A GOOD DAY!!!

I, THE DRIVER CERTIFY THAT THE WASTE I  
DELIVERED ORIGINATED IN JEFFERSON  
PARISH ONLY.

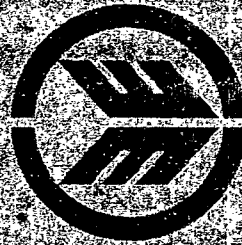
ADJUSTED Lbs. : 30,180.00

SOURCES	OTHER INFORMATION
---------	-------------------

SPECIAL WASTE

COMMERCIAL WASTE

ADVF 518/519



CELL GRID: D-F\250-150/1

MATERIAL CODE/DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT
541 - OUT OF PARISH WST / TONS NO TAX CHARGED	15.09	TONS	\$25.000	\$377.25
TOTAL AMOUNT				\$377.25



DRIVER, PLEASE SIGN HERE

Printed on recycled paper

Jefferson Parish Landfill  
5800 Highway 90 West  
Avondale, LA 70094-0000

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT
B & S EQUIPMENT CO., INC.				

IT CORPORATION  
P.O. BOX 2995  
TORRANCE, CA 90509-0000

IT CORPORATION  
18 YARDS  
0001802

HAVE A GOOD DAY

THE DRIVER CERTIFY THAT THE WASTE  
DELIVERED ORIGINATED IN JEFFERSON  
PARISH ONLY.

ADJUSTED

SOURCES	OTHER INFORMATION
---------	-------------------

SPECIAL WASTE

COMMERCIAL WASTE

ADVF LA00518-2



CELL GRID: D-F\250-150/1

MATERIAL CODE/DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT
41 - SPECIAL WASTE TONS	16.60	TONS	\$18.750	\$311.25
G TAX CHARGED				
TOTAL AMOUNT				\$311.25

DRIVER: PLEASE SIGN HERE

Printed on recycled paper.

Jefferson Parish Landfill  
5800 Highway 90 West  
Avondale, LA 70094-0000

Page: 01 of 01

TICKET NO.

0425913

ORIGINAL

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
B & S EQUIPMENT CO., INC.	85	SHIRLE	2:59PM	3:07PM	12/08/199

IT CORPORATION  
P.O. BOX 2995  
TORRANCE, CA 90509-0000

GROSS Lbs. : 63,400.00IN-1  
TARE Lbs. : 27,240.00OUT-  
NET Lbs. : 36,160.00

IT CORPORATION 0001802  
15 YARDS

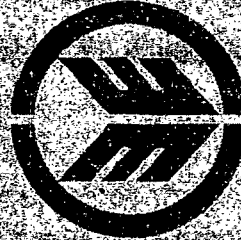
HAVE A GOOD DAY!!!

I, THE DRIVER CERTIFY THAT THE WASTE I  
DELIVERED ORIGINATED IN JEFFERSON  
PARISH ONLY.

ADJUSTED Lbs. : 36,160.00

SOURCES	OTHER INFORMATION
---------	-------------------

SPECIAL WASTE



COMMERCIAL WASTE

ADV# LA00518-3

CELL GRID: D-FA250-150/1

MATERIAL CODE/DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT
741 -SPECIAL WASTE TONS NO TAX CHARGED	18.08	TONS	\$18.750	\$339.00
TOTAL AMOUNT				\$339.00

STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00518

DVF NO: LA00518 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY: Low

1) PROJECT LOCATION/STREET ADDRESS/ZIP 3) ISSUE DATE

RESIDENCE

(b) (6)

HARVEY, LA 70058

2) PROJECT PHONE

4) CONTRACTOR'S NAME/MAILING ADDRESS/ZIP

IT CORPORATION  
2790 MOSSIDE BLVD  
PITTSBURGH, 15146

5) CONTRACTOR'S PHONE 412-858-3303

6) OWNER'S NAME/MAILING ADDRESS/ZIP

JOHN MANSVILLE INTERNATIONAL  
10100 W WTE ST  
LITTLETON, CO 80127

7) OWNER PHONE 504-436-0152

8) PRINTED/TYPED NAME

MICHAEL MARCIANTE

\*\*\*\*\*Owner/Operator\*\*\*\*\*

9) WASTE TRANSPORTER

B&S EQUIPMENT

10) DISPOSAL SITE

Jefferson Parish Landfill

11) DATE SHIPPED

12/7/99

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

12) Printed Name:

THOMAS P. MADSEN

13) Signature:

[Signature]

Date:

12/17/99

\*\*\*\*\*Transporter\*\*\*\*\*

14) DATE RECEIVED

12-7-99

15) PRINTED/TYPED NAME

Joseph Tate

\*\*\*\*\*Landfill\*\*\*\*\*

16) DATE BURIED

12/17/99

17) PRINTED/TYPED NAME

HARRISON SULLIVAN

\*\*\*\*\*Special Conditions or Comments\*\*\*\*\*

18) SPECIAL CONDITIONS OR COMMENTS:

10/28/1999

4) EXPIRATION DATE

01/28/2000

7) PROJECT START DATE

11/08/1999

8) PROJECT COMPLETE DATE

01/30/2000

11) ESTIMATED ACM QUANTITY

1773 CUFT

12) DESIGNATED DISPOSAL SITE

JEFFERSON PARISH LANDFILL

14) SIGNATURE

MAM

16) QUANTITY

SHIPPED

17) DATE PROJECT

COMPLETED

SHIPPING CLASSIFICATION

Asbestos, Class 9, NA2212, 111  
RD #1 1b (.454 Kg)



STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00519

VF NO: LA00519-2 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY: Low

\*\*\*\*\*  
PROJECT LOCATION/STREET ADDRESS/ZIP

SEQUENCE

(b) (6)

HARVEY, LA 70058

PROJECT PHONE

CONTRACTOR'S NAME/MAILING ADDRESS/ZIP

IT CORPORATION  
2790 MOSSIDE BLVD  
PITTSBURGH, 15146

CONTRACTOR'S PHONE 412-856-3303

OWNER'S NAME/MAILING ADDRESS/ZIP

JOHN MANSVILLE INTERNATIONAL  
10100 W. 114th ST  
LITTLETON, CO 80127

OWNER PHONE 504-436-0152

PRINTED/TYPED NAME

MICHAEL MARCIANTE

\*\*\*\*\*Owner/Operator\*\*\*\*\*

WASTE TRANSPORTER  
EAS EQUIPMENT

DISPOSAL SITE

Jefferson Parish Landfill

DATE SHIPPED 12/8/99

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Printed Name: THOMAS P. RATHBON

Signature:

Date: 12/8/99

\*\*\*\*\*Transporter\*\*\*\*\*

DATE RECEIVED 12/8/99

PRINTED/TYPED NAME

Joseph Tate

\*\*\*\*\*Landfill\*\*\*\*\*

DATE BURIED 12/8/99

PRINTED/TYPED NAME

SHERRY VISOR

SPECIAL CONDITIONS OR COMMENTS:

3) ISSUE DATE

10/23/1999

4) EXPIRATION DATE

01/28/2000

7) PROJECT START DATE

11/08/1999

8) PROJECT COMPLETE DATE

01/30/2000

11) ESTIMATED ACM QUANTITY

1773 CUFT

12) DESIGNATED DISPOSAL SITE

JEFFERSON PARISH LANDFILL

14) SIGNATURE

MAW

16) QUANTITY SHIPPED 15 CY

17) DATE PROJECT COMPLETED

SHIPPING CLASSIFICATION

Asbestos, Class 2, NA2212, 111  
RQ 1 15 (453 Kg)

23) DATE DELIVERED 12/8/99

25) SIGNATURE

27) QUANTITY RECEIVED 0 15cy

29) SIGNATURE

Sherry Visor

COPIES: WHITE-DEQ; GREEN-OWNER; YELLOW-LANDFILL; PINK-TRANSPORTER; GOLD-OWNER

STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00516

OVF NO: LA00516-3 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY: Low

\*\*\*\*\*

1) PROJECT LOCATION/STREET ADDRESS/ZIP 3) ISSUE DATE  
12/28/1999

RESIDENCE  
(b) (6)  
HARVEY, LA 70058-  
4) EXPIRATION DATE  
01/28/2000

PROJECT PHONE  
CONTRACTOR'S NAME/MAILING ADDRESS/ZIP  
7) PROJECT START DATE  
11/06/1999

IT CORPORATION  
2790 MOSSIDE BLVD  
PITTSBURGH, 15146-  
8) PROJECT COMPLETE DATE  
01/10/2000

CONTRACTOR'S PHONE 412-838-3303  
OWNER'S NAME/MAILING ADDRESS/ZIP  
11) ESTIMATED ADM QUANTITY  
1773 CWT

JOHN MANSVILLE INTERNATIONAL  
10100 W. BIRK ST.  
COLUMBIA, CO 20127-  
12) DESIGNATED DISPOSAL SITE  
JEFFERSON PARISH LANDFILL

OWNER PHONE 504-436-0152  
3) PRINTED/TYPED NAME  
MICHAEL MARCYANTIE  
14) SIGNATURE  
MAM

\*\*\*\*\*Owner/Operator\*\*\*\*\*  
5) WASTE TRANSPORTER  
B&E EQUIPMENT  
16) QUANTITY SHIPPED  
1567  
17) DATE PROJECT COMPLETED  
12/8/99

DISPOSAL SITE  
Jefferson Parish Landfill  
SHIPPING CLASSIFICATION  
Asbestos, Class 9, NAEC12, 11  
RB = 1 lb (.454 Kg)

DATE SHIPPED:  
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

0) Printed Name: THOMAS P. HATHORN  
1) Signature: [Signature] Date: 12/8/99

\*\*\*\*\*Transporter\*\*\*\*\*  
2) DATE RECEIVED 12-8-99  
23) DATE DELIVERED 12-8-99

4) PRINTED/TYPED NAME Joseph Tate  
25) SIGNATURE [Signature]

\*\*\*\*\*Landfill\*\*\*\*\*  
6) DATE BURIED 12/8/99  
27) QUANTITY RECEIVED 0/1567

8) PRINTED/TYPED NAME SHERLY VISOR  
29) SIGNATURE [Signature]

\*\*\*\*\*SPECIAL CONDITIONS OR COMMENTS:\*\*\*\*\*

COPIES: WHITE-DEQ; GREEN-OWNER; YELLOW-LANDFILL; PINK-TRANSPORTER; GOLD-OWNER

[illegible]

# EMSL Analytical, Inc.

2501 Central Pkwy, C-13

Houston, TX 77092

Phone: (713) 686-3635 Fax: (713) 686-3645

EMSL

Attn.: Amanda Bordelar  
Ecology & Environmental  
11550 Newcastle Avenue  
250  
Baton Rouge, LA 70816

Tuesday, January 11, 2000

Ref Number: TX0040

## POLARIZED LIGHT MICROSCOPY (PLM)

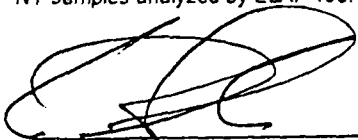
Performed by EPA 600/R-93/116 Method\*

Project: 020601RAXX-WESTBANK ASBESTOS

Sample	Location	Appearance	Sample Treatment	ASBESTOS	NON-ASBESTOS	
				% Type	% Fibrous	% Non-Fibrous
WBS2028-G01		Brown Non-Fibrous Homogeneous	Crushed	5% Chrysotile		95% Other
WBS2028-G02		Brown Non-Fibrous Homogeneous	Crushed	30% Chrysotile < 1% Crocidolite		70% Other
WBS2028-G03		Brown Non-Fibrous Homogeneous	Crushed	4% Chrysotile		96% Other
WBS2028-G04		Brown Non-Fibrous Homogeneous	Crushed	2% Chrysotile		98% Other
WBS2026-G01		Brown Non-Fibrous Homogeneous	Crushed	< 1% Chrysotile		100% Other

Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "# of Layers" refers to number of separable subsamples.

\* NY samples analyzed by ELAP 198.1 Method.



Carlos D. Salinas  
Analyst



Approved  
Signatory

Disclaimers: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Thus negative PLM results cannot be guaranteed. EMSL suggests that samples reported as <1% or none detected be tested with either SEM or TEM. The above test report relates only to the items tested. This report may not be reproduced, except in full, without written approval by EMSL. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government. Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples.

Analysis performed by EMSL Houston (NVLAP Air and Bulk #102106, Texas Dept. of Health #30-0159)

FYI:

ADDRESS:

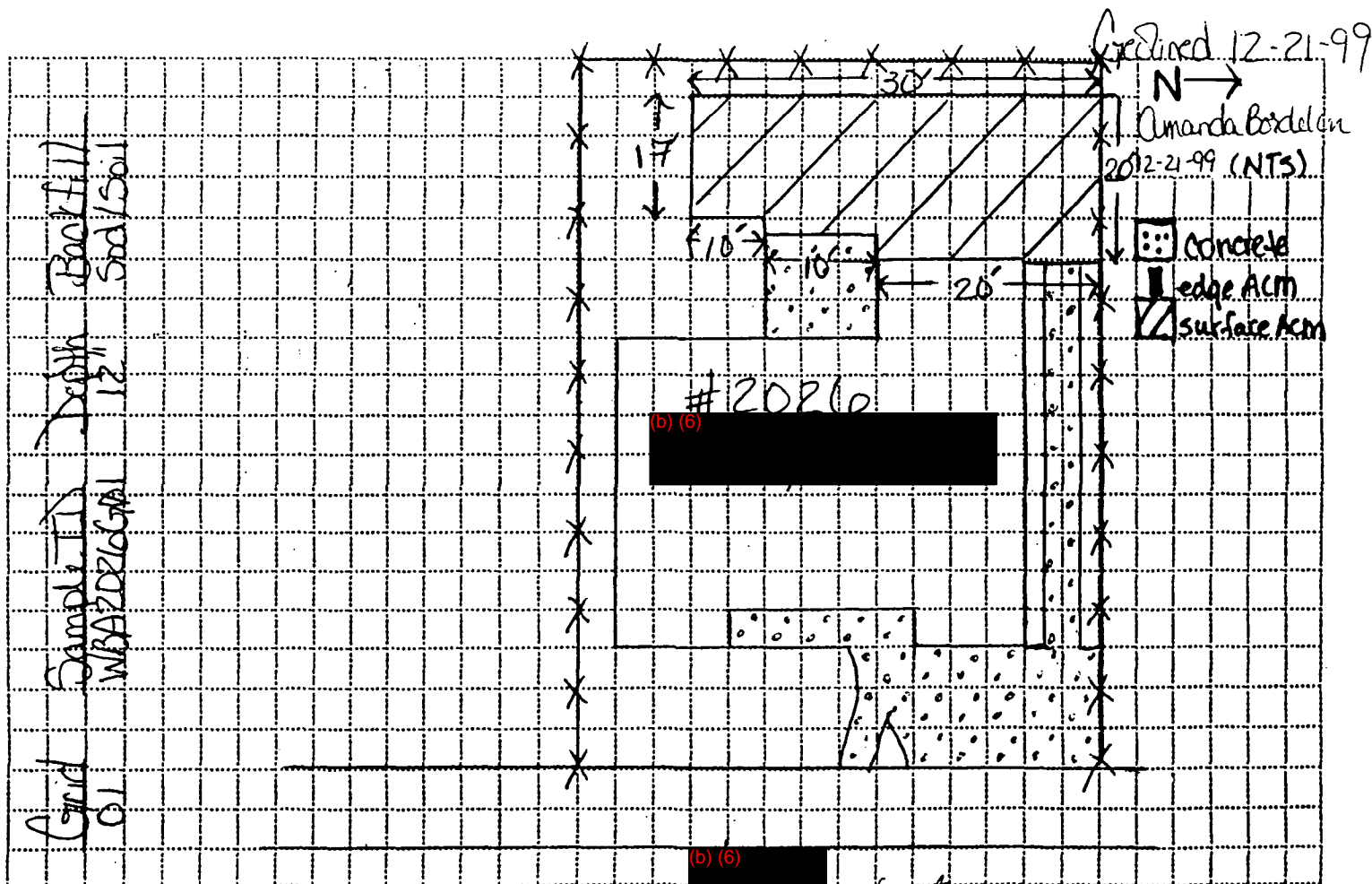
(b) (6)

Harvey, LA

GRID #:    1   2                    3   4                    5   6                    7   8

A. PROCEED WITH RESTORATION:

B. FURTHER ACTION NECESSARY:



AUTHORIZED EPA/START REPRESENTATIVE

Quandre Bordelon



## FIELD DATA SHEET 1

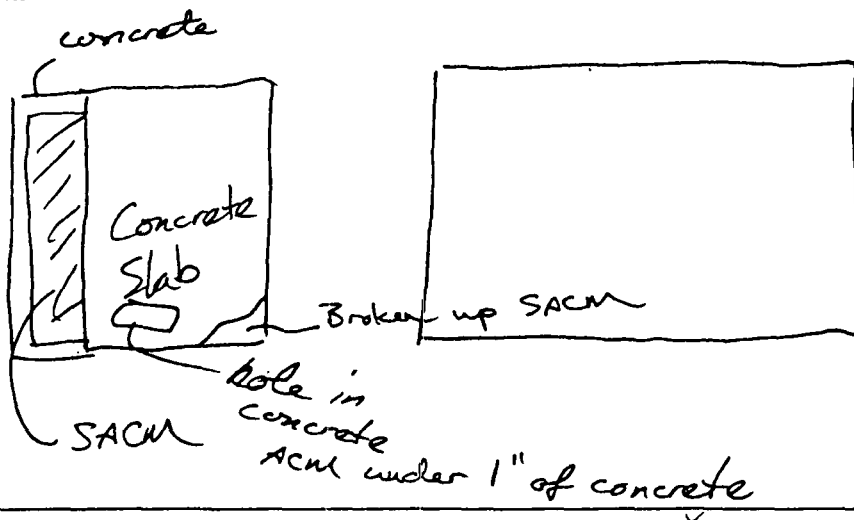
## Site Information:

Occupant:	(b) (6)	Interviewee:	
Address:	Harvey LA 70058		
Phone No.:	(b) (6)	(H)	(b) (6) (W)
Owner Name, Address, and Phone No. if Different Than Occupant:			
Same			

## Site Description:

1) Description of property (circle):	single home; duplex; business; school; daycare; church; vacant house; vacant lot; other
2) Problems accessing yards (circle):	locked gate; gate; dogs; other
3) Underground utilities installed by owner? (circle):	no; water; gas; electric; cable TV; septic tank; other
Note location on site sketch.	
4) Is any underground ACM present? (circle):	yes; no; don't know
If yes, note on site sketch. How deep?	

## Site Sketch:



Estimated Volume of ACM: \_\_\_\_\_

Comments: 1-2" layer of concrete had been put down atop of 12" of ACM. Owner in process of breaking up AC concrete and has exposed ACM

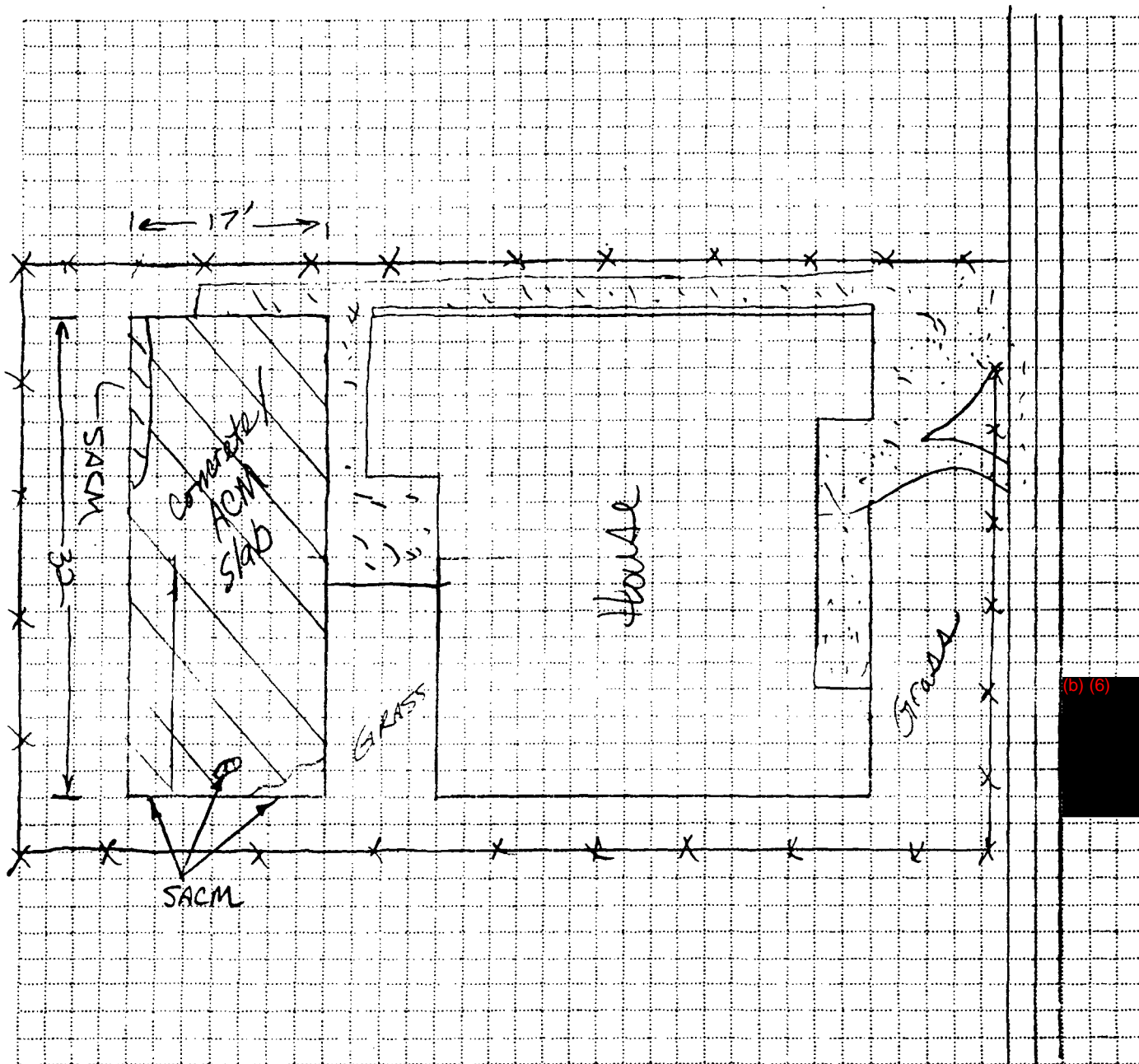
Date/Time of Interview:	130 12/12/98	Access Granted (circle):	yes; no
Team Members: GD			

TRACKING # 2026

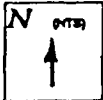
# SITE SKETCH

ADDRESS: (b) (6) HA

UPDATED: 11



## NOTES:



RESTORATION: A: Grass  
B:  
C:

ARRIVAL: 1330  
DEPARTURE: 1350

#	COVER	THICKNESS

RESTORATION

APPROVED BY: OSC/ACE DATE: 11 OWNER: (b) (6) phone DATE: 7/23/99  
TEAM: GD/MB DATE: 7/23/99 TO IT DATE: 11

CONSENT FOR ACCESS TO PROPERTY  
WESTBANK ASBESTOS SITE

Property Owner's Name: (b) (6)  
Property Address: (b) (6) - Harvey  
State/Zip: LA 70058 Phone Number(s): (b) (6) (work)

I hereby consent to officers, employees, and parties authorized by the United States Environmental Protection Agency (EPA) entering and having continued access to my property for the following purposes:

1. The taking of such soil, water, and air samples as may be determined to be necessary;
2. Other actions related to the investigation of surface or subsurface contamination.
3. The performance of a response action including, but not limited to, the following actions:
  - a. Use of mechanical equipment (e.g. small bulldozers, backhoes, or trackhoes and trucks) on the property;
  - b. Removal of asbestos-contaminated material from the property;
  - c. Replacement of removed asbestos-containing material with a like-material (i.e., clean fill, crushed limestone) and regrading of the replaced material to the property's original grade;
  - d. The replacement with locally-available vegetation of any sod, bushes, or trees whose removal was a necessary part of the removal action, and;
  - e. The taking of other actions necessary to mitigate releases or threats or releases of hazardous substances, pollutants or contaminants from the property.

I realize that these actions are undertaken pursuant to EPA's response responsibilities under the Comprehensive Environmental Response, Compensation, and Liability Act, as amended (CERCLA), 42 U.S.C. § 9601 et seq. Under those authorities, EPA can only remediate hazardous substances located on such a property.

This written permission is given by me voluntarily with knowledge of my right to refuse and without threats or promises of any kind. By signing this access agreement I am not waiving any rights in law or in equity I may have against any person or party in connection with the response action EPA will perform.

7-16-99

DATE

(b) (6)

SIGNATURE

DRIVER: PLEASE SIGN HERE

Printed on recycled paper.

Jefferson Parish Landfill  
5800 Highway 90 West  
Avondale, LA 70094-0000

Page: 01 of 01

TICKET NBR

0427244

ORIGINAL

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
B & S EQUIPMENT CO., INC.	82	SHERRY	6:02AM	6:52AM	12/16/199

IT CORPORATION  
P.O. BOX 2995  
TORRANCE, CA 90509-0000

GROSS Lbs. : 38,280.00IN-1

TARE Lbs. : 27,040.00OUT-

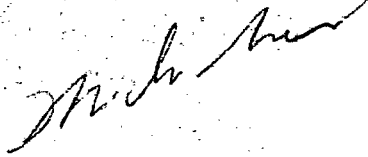
NET Lbs. : 11,240.00

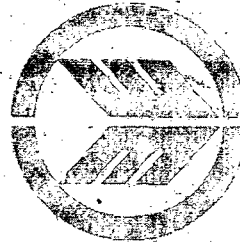
IT CORPORATION 0001802  
15 YARDS

HAVE A GOOD DAY!!!

I, THE DRIVER CERTIFY THAT THE WASTE I  
DELIVERED ORIGINATED IN JEFFERSON  
PARISH ONLY.

ADJUSTED Lbs. : 11,240.00

SOURCES	OTHER INFORMATION
SPECIAL WASTE 	COMMERCIAL WASTE 57778 ASBESTOS ADVF NO. LA00524  CELL GRID: D-F\250-150/1



MATERIAL CODE/DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT
741 -SPECIAL WASTE TONS NO TAX CHARGED	5.62	TONS	\$25.000	\$140.50
TOTAL AMOUNT				\$140.50

DRIVER: PLEASE SIGN HERE

Printed on recycled paper

*[Signature]*

Jefferson Parish Landfill  
5800 Highway 90 West  
Avondale, LA 70094-0000

Page: 01 of 01

TICKET NBR

0427415

ORIGINAL

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
B & S EQUIPMENT CO., INC.	10	SHERRY	3:19PM	4:00PM	12/16/199

IT CORPORATION  
P.O. BOX 2995  
TORRANCE, CA 90509-0000

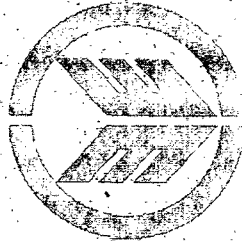
GROSS Lbs. : 71,640.00IN-1  
TARE Lbs. : 30,540.00OUT-  
NET Lbs. : 41,100.00

IT CORPORATION 0001802  
30 YARDS

HAVE A GOOD DAY!!!

I, THE DRIVER CERTIFY THAT THE WASTE I  
DELIVERED ORIGINATED IN JEFFERSON  
PARISH ONLY.

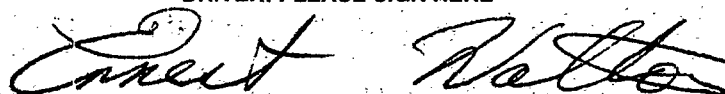
ADJUSTED Lbs. : 41,100.00

SOURCES	OTHER INFORMATION
SPECIAL WASTE	 COMMERCIAL WASTE 57778 ASBESTOS ADVF NO:LA00524-2  CELL GRID: D-F\250-150/1

MATERIAL CODE/DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT
741 -SPECIAL WASTE TONS NO TAX CHARGED	20.55	TONS	\$25.000	\$513.75
TOTAL AMOUNT				\$513.75

DRIVER: PLEASE SIGN HERE

Printed on recycled paper



Jefferson Parish Landfill  
5800 Highway 90 West  
Avondale, LA 70094-0000

TICKET REPRINT DATE  
Page: 01 of 01

TICKET NBR  
12/20/19  
0427755

REPRINT

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
B & S EQUIPMENT CO., INC.	10	SHERRY	6:25AM	6:42AM	12/20/199

IT CORPORATION  
P.O. BOX 2995  
TORRANCE, CA 90509-0000

GROSS Lbs. : 74,960.00IN-1

TARE Lbs. : 30,680.00OUT-

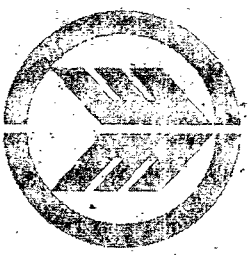
NET Lbs. : 44,280.00

IT CORPORATION 0001802  
30 YARDS

HAVE A GOOD DAY!!!

I, THE DRIVER CERTIFY THAT THE WASTE I  
DELIVERED ORIGINATED IN JEFFERSON  
PARISH ONLY.

ADJUSTED Lbs. : 44,280.00

SOURCES	OTHER INFORMATION
REGULAR REFUSE	 <p>COMMERCIAL WASTE 57778 ASBESTOS ADVF LA00524</p> <p>CELL GRID: D-F\250-150/1</p>

MATERIAL CODE/DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT
741 -SPECIAL WASTE TONS NO TAX CHARGED	22.14	TONS	\$25.000	\$553.50
TOTAL AMOUNT				\$553.50

DRIVER: PLEASE SIGN HERE

Printed on recycled paper

*[Signature]*

Jefferson Parish Landfill  
5800 Highway 90 West  
Avondale, LA 70094-0000

Page: 01 of 01

TICKET NBR

0427894

ORIGINAL

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
B & S EQUIPMENT CO., INC.	82	SHERRY	12:23PM	12:47PM	12/20/199

IT CORPORATION  
P.O. BOX 2995  
TORRANCE, CA 90509-0000

GROSS Lbs. : 50,680.00IN-1

TARE Lbs. : 26,660.00OUT-

NET Lbs. : 24,020.00

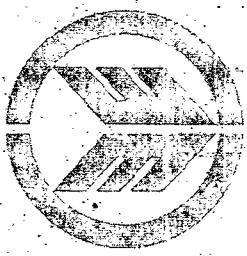
IT CORPORATION 0001802

15 YARDS

HAVE A GOOD DAY!!!

I, THE DRIVER CERTIFY THAT THE WASTE I  
DELIVERED ORIGINATED IN JEFFERSON  
PARISH ONLY.

ADJUSTED Lbs. : 24,020.00

SOURCES	OTHER INFORMATION
SPECIAL WASTE	 <p>COMMERCIAL WASTE 57778 ASBESTOS ADVF NO. LA00524-04</p> <p>CELL GRID: D-F\250-150/1</p>

MATERIAL CODE/DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT
741 -SPECIAL WASTE TONS NO TAX CHARGED	12.01	TONS	\$25.000	\$300.25
TOTAL AMOUNT				\$300.25

DRIVER: PLEASE SIGN HERE

Printed on recycled paper

Jefferson Parish Landfill  
5800 Highway 90 West  
Avondale, LA 70094-0000

Page: 01 of 01

TICKET NBR

0428088

ORIGINAL

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
B & S EQUIPMENT CO., INC.	82	SHERRY	11:21AM	11:37AM	12/21/199

IT CORPORATION  
P.O. BOX 2995  
TORRANCE, CA 90509-0000

GROSS Lbs. : 49,800.00IN-1

TARE Lbs. : 27,060.00OUT-

NET Lbs. : 22,740.00

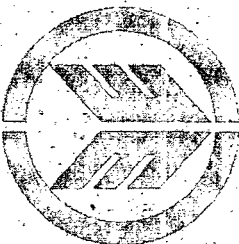
IT CORPORATION 0001802

15 YARDS

HAVE A GOOD DAY!!!

I, THE DRIVER CERTIFY THAT THE WASTE I  
DELIVERED ORIGINATED IN JEFFERSON  
PARISH ONLY.

ADJUSTED Lbs. : 22,740.00

SOURCES	OTHER INFORMATION
SPECIAL WASTE	 <p>COMMERCIAL WASTE 57778 ASBESTOS ADVF NO. LA00524-05</p> <p>CELL GRID: D-F\250-150/1</p>

MATERIAL CODE/DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT
741 -SPECIAL WASTE TONS NO TAX CHARGED	11.37	TONS	\$25.000	\$284.25
TOTAL AMOUNT				\$284.25



STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00524

DVF NO: LA00524 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY: Low

\*\*\*\*\*  
1) PROJECT LOCATION/STREET ADDRESS/ZIP 3) ISSUE DATE

RESIDENCE

(b) (6)  
HARVEY, LA 70058-

10/28/1999

4) EXPIRATION DATE

01/28/2000

2) PROJECT PHONE

6) CONTRACTOR'S NAME/MAILING ADDRESS/ZIP

IT CORPORATION  
2790 MOSSIDE BLVD  
PITTSBURGH, 15146-

7) PROJECT START DATE

11/08/1999

7) CONTRACTOR'S PHONE 412-858-3303

8) PROJECT COMPLETE DATE

01/30/2000

8) OWNER'S NAME/MAILING ADDRESS/ZIP

JOHN MANSVILLE INTERNATIONAL  
10100 W UTE ST  
LITTLETON, CO 80127-

11) ESTIMATED ACM QUANTITY

450 CUFT

9) OWNER PHONE 504-436-0152

12) DESIGNATED DISPOSAL SITE

JEFFERSON PARISH LANDFILL

10) PRINTED/TYPED NAME

MICHAEL MARCIANTE

14) SIGNATURE

MAM

\*\*\*\*\*Owner/Operator\*\*\*\*\*

5) WASTE TRANSPORTER  
B&S EQUIPMENT

16) QUANTITY SHIPPED 17) DATE PROJECT COMPLETED

0 15 CY

3) DISPOSAL SITE

JEFFERSON PARISH LANDFILL

SHIPPING CLASSIFICATION

Asbestos, Class 9, NA2212, 111  
RB = 1 LB (.454 Kg)

7) DATE SHIPPED

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

9) Printed Name: STEVE PERRY

1) Signature: Steve Perry

Date: 12/16/99

\*\*\*\*\*Transporter\*\*\*\*\*

2) DATE RECEIVED 12-16-99

23) DATE DELIVERED 12/16/99

4) PRINTED/TYPED NAME

Michael Lachney

25) SIGNATURE

Michael Lachney

\*\*\*\*\*Landfill\*\*\*\*\*

5) DATE BURIED 12/16/99

27) QUANTITY RECEIVED 0 15 CY

9) PRINTED/TYPED NAME

SHERY VISOR

29) SIGNATURE

Shery Visor 12/16/99

\*\*\*\*\*

10) SPECIAL CONDITIONS OR COMMENTS:

COPIES: WHITE-DEQ; GREEN-OWNER; YELLOW-LANDFILL; PINK-TRANSPORTER; GOLD-OWNER

STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00524

WVF NO: LA00524-2 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY: Low

PROJECT LOCATION/STREET ADDRESS/ZIP

3) ISSUE DATE

RESIDENCE

(b) (6)

HARVEY, LA 70058-

PROJECT PHONE

CONTRACTOR'S NAME/MAILING ADDRESS/ZIP

IT CORPORATION  
2790 MOSSIDE BLVD  
PITTSBURGH, 15146-

CONTRACTOR'S PHONE 412-858-3303

OWNER'S NAME/MAILING ADDRESS/ZIP

JOHN HANVILLE INTERNATIONAL  
10100 W LITE ST  
LITTLETON, CO 80127-

OWNER PHONE 504-436-0152

PRINTED/TYPED NAME

MICHAEL MARCIANTE

\*\*\*\*\*Owner/Operator\*\*\*\*\*

WASTE TRANSPORTER  
B&S EQUIPMENT

DISPOSAL SITE  
JEFFERSON PARISH LANDFILL

DATE SHIPPED

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Printed Name: STEVE PERRY

Signature: Steve Perry

Date: 12/17/99

\*\*\*\*\*Transporter\*\*\*\*\*

DATE RECEIVED 12/17/99

PRINTED/TYPED NAME

ERNEST Walton

\*\*\*\*\*Landfill\*\*\*\*\*

DATE BURIED 12/16/99

PRINTED/TYPED NAME

SHERY Visor

\*\*\*\*\*

SPECIAL CONDITIONS OR COMMENTS:

10/28/1999

4) EXPIRATION DATE

01/28/2000

7) PROJECT START DATE

11/08/1999

8) PROJECT COMPLETE DATE

01/30/2000

11) ESTIMATED ACM QUANTITY  
450 CUFT

12) DESIGNATED DISPOSAL SITE

JEFFERSON PARISH LANDFILL

14) SIGNATURE

MAM

16) QUANTITY SHIPPED 17) DATE PROJECT COMPLETED  
0 30CY

SHIPPING CLASSIFICATION  
Asbestos, Class 9, NA2212, 111  
RB = 1 lb (.454 Kg)

23) DATE DELIVERED 12/17/99

25) SIGNATURE

27) QUANTITY RECEIVED 0 30CY

29) SIGNATURE

Sherly Visor 12/16/99

PIES: WHITE-DEQ; GREEN-OWNER; YELLOW-LANDFILL; PINK-TRANSPORTER; GOLD-OWNER

STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00524

WVF NO: LA00524-3 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY: Low

\*\*\*\*\*

1) PROJECT LOCATION/STREET ADDRESS/ZIP 3) ISSUE DATE

(b) (6)

HARVEY, LA 70058-

10/26/1999

4) EXPIRATION DATE

01/28/2000

1) PROJECT PHONE

7) PROJECT START DATE

11/08/1999

1) CONTRACTOR'S NAME/MAILING ADDRESS/ZIP

IT CORPORATION  
2790 MOSSIDE BLVD  
PITTSBURGH, 15146-

8) PROJECT COMPLETE DATE

01/30/2000

1) CONTRACTOR'S PHONE 412-958-3303

1) OWNER'S NAME/MAILING ADDRESS/ZIP

JOHN MANSVILLE INTERNATIONAL  
10100 W UTE ST  
LITTLETON, CO 80127

11) ESTIMATED ACM QUANTITY

450 CUFT

12) DESIGNATED DISPOSAL SITE

JEFFERSON PARISH LANDFILL

2) OWNER PHONE 504-436-0152

3) PRINTED/TYPED NAME

MICHAEL MARCIANTE

14) SIGNATURE

MAM

\*\*\*\*\*Owner/Operator\*\*\*\*\*

5) WASTE TRANSPORTER

B&S EQUIPMENT

16) QUANTITY 17) DATE PROJECT

SHIPPED

COMPLETED

0 30 CY

3) DISPOSAL SITE

JEFFERSON PARISH LANDFILL

SHIPPING CLASSIFICATION

Asbestos, Class 2, NA2212, 100  
RB 1 12 (454 Kg)

7) DATE SHIPPED 12/20/99

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

2) Printed Name: STEVE PERRY

1) Signature: Steve Perry

Date: 12/19/99

\*\*\*\*\*Transporter\*\*\*\*\*

2) DATE RECEIVED 12/20/99

23) DATE DELIVERED 12/20/99

4) PRINTED/TYPED NAME

MIKE LACHNEY, JR.

25) SIGNATURE

Mike Lachney

\*\*\*\*\*Landfill\*\*\*\*\*

5) DATE BURIED / /

27) QUANTITY RECEIVED 0 30 CY

3) PRINTED/TYPED NAME

SHERRY VISOR

29) SIGNATURE

Sherry Visor 12/20/99

\*\*\*\*\*

5) SPECIAL CONDITIONS OR COMMENTS:

COPIES: WHITE-DEQ; GREEN-OWNER; YELLOW-LANDFILL; PINK-TRANSPORTER; GOLD-OWNER

STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00524

DVF NO: LA00524-04 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY: Low

1) PROJECT LOCATION/STREET ADDRESS/ZIP 3) ISSUE DATE

RESIDENCE

(b) (6)

HARVEY, LA 70058-

12/14/1999

4) EXPIRATION DATE

03/14/2000

7) PROJECT START DATE

11/08/1999

8) PROJECT COMPLETE DATE

01/30/2000

11) ESTIMATED ACM QUANTITY  
450 CUB

12) DESIGNATED DISPOSAL SITE

JEFFERSON PARISH LANDFILL

14) SIGNATURE

MAM

16) QUANTITY SHIPPED 17) DATE PROJECT COMPLETED

0 15 CY

SHIPPING CLASSIFICATION

Asbestos, Class 9, NA2212, 1:1  
RQ = 1 lb (.454 Kg)

Owner/Operator

5) WASTE TRANSPORTER  
BSS EQUIPMENT

3) DISPOSAL SITE  
JEFFERSON PARISH LANDFILL

2) DATE SHIPPED 12/20/99

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

1) Printed Name: STEVE PERRY

2) Signature: Steve Perry

Date: 12/20/99

Transporter

1) DATE RECEIVED 12/20/99

23) DATE DELIVERED 12/20/99

1) PRINTED/TYPED NAME

25) SIGNATURE

ERNEST Walton

Ernest Walton

Landfill

1) DATE BURIED 12/20/99

27) QUANTITY RECEIVED 0 15 CY

1) PRINTED/TYPED NAME

29) SIGNATURE

SHERRY VISOR

Sherry Visor 12/20/99

1) SPECIAL CONDITIONS OR COMMENTS:

COPIES: WHITE-DEQ; GREEN-OWNER; YELLOW-LANDFILL; PINK-TRANSPORTER; GOLD-OWNER



STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00524

DVF NO: LA00524-05 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY: Low

\*\*\*\*\*  
1) PROJECT LOCATION/STREET ADDRESS/ZIP 3) ISSUE DATE

RESIDENCE

(b) (6)

HARVEY, LA 70058-

12/14/1999

4) EXPIRATION DATE

03/14/2000

2) PROJECT PHONE

7) PROJECT START DATE

11/08/1999

3) CONTRACTOR'S NAME/MAILING ADDRESS/ZIP

IT CORPORATION  
2790 MOSSIDE BLVD  
PITTSBURGH, 15146-

8) PROJECT COMPLETE DATE

01/30/2000

4) CONTRACTOR'S PHONE 412-858-3303

5) OWNER'S NAME/MAILING ADDRESS/ZIP

JOHN HANSHVILLE INTERNATIONAL  
10100 W LITE ST  
LITTLETON, CO 80127-

11) ESTIMATED ACM QUANTITY

450 CUFT

6) OWNER PHONE 504-436-0152

12) DESIGNATED DISPOSAL SITE

JEFFERSON PARISH LANDFILL

7) PRINTED/TYPED NAME

MICHAEL MARCIANTE

14) SIGNATURE

MAM

\*\*\*\*\*Owner/Operator\*\*\*\*\*

8) WASTE TRANSPORTER  
B&S EQUIPMENT

16) QUANTITY SHIPPED 17) DATE PROJECT COMPLETED

0/2 CY

9) DISPOSAL SITE

JEFFERSON PARISH LANDFILL

SHIPPING CLASSIFICATION

Asbestos, Class 9, NA2213, 111  
RD = 1 lb (.454 Kg)

10) DATE SHIPPED 12/21/99

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

11) Printed Name: STEVE PERRY

12) Signature:

Steve Perry

Date: 12/20/99

\*\*\*\*\*Transporter\*\*\*\*\*

13) DATE RECEIVED

12/20/99

23) DATE DELIVERED

12/20/99

14) PRINTED/TYPED NAME

ERNEST Walton

25) SIGNATURE

Ernest Walton

\*\*\*\*\*Landfill\*\*\*\*\*

15) DATE BURIED 12/21/99

27) QUANTITY RECEIVED 0/2 CY

16) PRINTED/TYPED NAME

SHERY Visor

29) SIGNATURE

Shery Visor 12/21/99

\*\*\*\*\*

17) SPECIAL CONDITIONS OR COMMENTS:

COPIES: WHITE-DEQ; GREEN-OWNER; YELLOW-LANDFILL; PINK-TRANSPORTER; GOLD-OWNER

**SITE #2028**

# EMSL Analytical, Inc.

2501 Central Pkwy, C-13

Houston, TX 77092

Phone: (713) 686-3635 Fax: (713) 686-3645

EMSL

Attn.: Amanda Bordelar  
Ecology & Environmental  
11550 Newcastle Avenue  
250  
Baton Rouge, LA 70816

Tuesday, January 11, 2000

Ref Number: TX0040

## POLARIZED LIGHT MICROSCOPY (PLM)

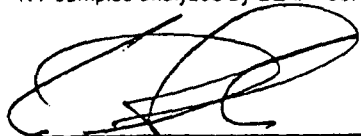
Performed by EPA 600/R-93/116 Method\*

Project: 020601RAXX-WESTBANK ASBESTOS

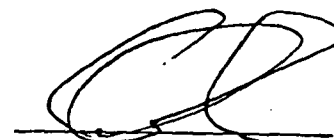
Sample	Location	Appearance	Sample Treatment	ASBESTOS		NON-ASBESTOS	
				%	Type	%	Fibrous % Non-Fibrous
WBS2028-G01		Brown Non-Fibrous Homogeneous	Crushed	5%	Chrysotile		95% Other
WBS2028-G02		Brown Non-Fibrous Homogeneous	Crushed	30%	Chrysotile < 1% Crocidolite		70% Other
WBS2028-G03		Brown Non-Fibrous Homogeneous	Crushed	4%	Chrysotile		96% Other
WBS2028-G04		Brown Non-Fibrous Homogeneous	Crushed	2%	Chrysotile		98% Other
WBS2026-G01		Brown Non-Fibrous Homogeneous	Crushed	< 1%	Chrysotile		100% Other

Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "# of Layers" refers to number of separable subsamples.

\* NY samples analyzed by ELAP 198.1 Method.



Carlos D. Salinas  
Analyst



Approved  
Signatory

Disclaimers: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Thus negative PLM results cannot be guaranteed. EMSL suggests that samples reported as <1% or none detected be tested with either SEM or TEM. The above test report relates only to the items tested. This report may not be reproduced, except in full, without written approval by EMSL. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government. Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples.

Analysis performed by EMSL Houston (NVLAP Air and Bulk #102106, Texas Dept. of Health #30-0158)

# WESTBANK ACM REMOVAL PROJECT SAMPLE ANALYSIS CONFIRMATION USEPA START TEAM

FYI:

SITE# 2028

ADDRESS: (b) (6)

Marrero, LA

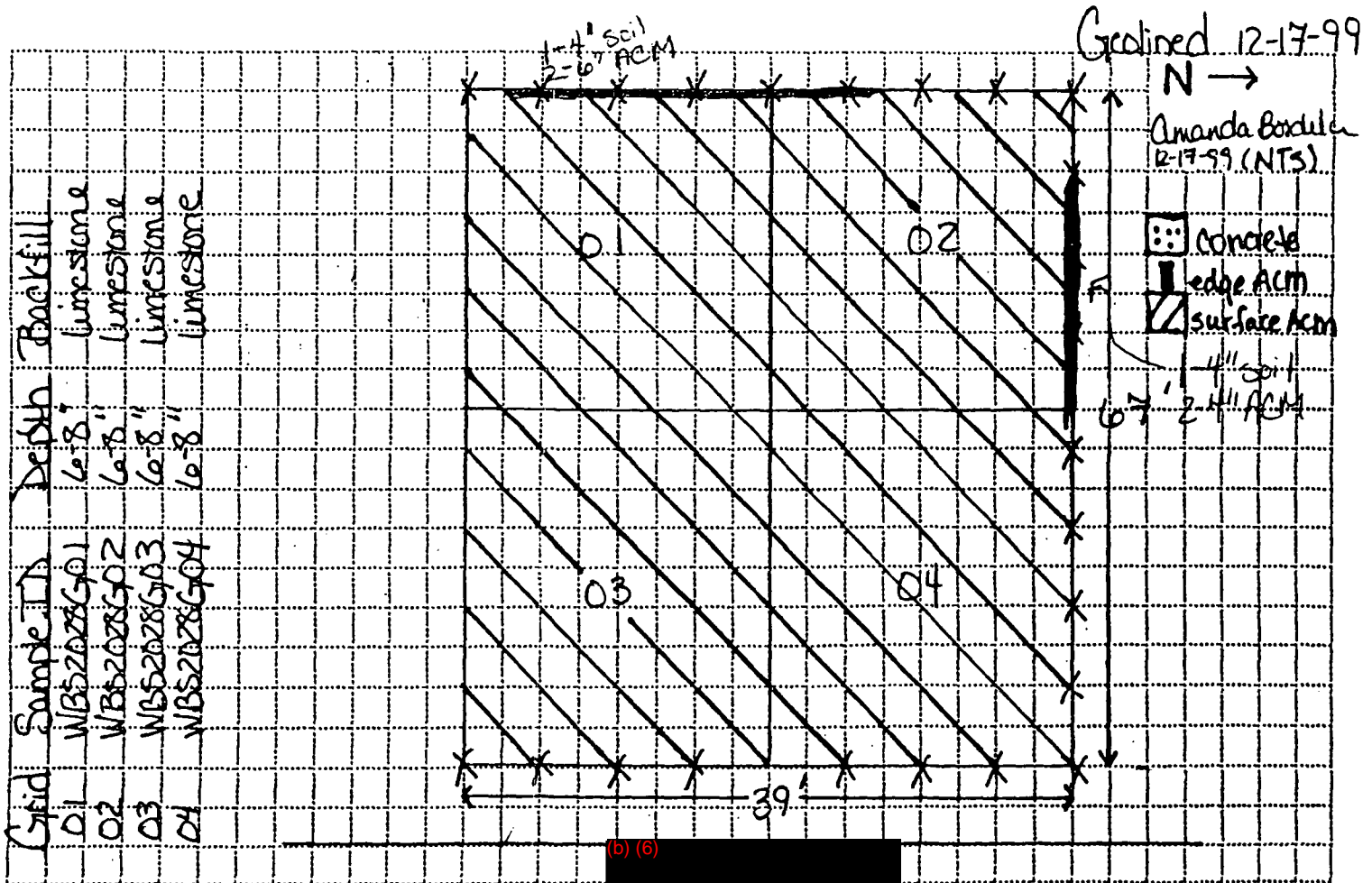
THE SAMPLE ANALYSIS RESULTS FOR THE ABOVE REFERENCED SITE WERE RECEIVED AND WERE EVALUATED BY THE USEPA START TEAM ON \_\_\_\_\_

BASED ON AN EVALUATION OF THE ANALYTICAL DATA, WE RECOMMEND THE FOLLOWING ACTION:

GRID #:    1   2            3   4            5   6            7   8

A. PROCEED WITH RESTORATION:    ✓   ✓            ✓   ✓                                      

B. FURTHER ACTION NECESSARY:                                                                    



AUTHORIZED EPA/START REPRESENTATIVE

*Amanda Borden*



Tracking Number 2028

## FIELD DATA SHEET 1

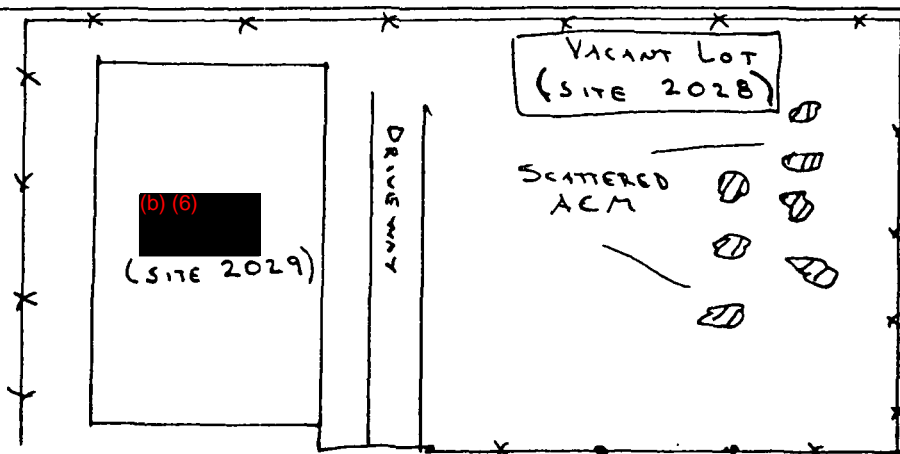
## Site Information:

Occupant: <u>VACANT LOT</u>	Interviewee:
Address: (b) (6)	<u>Marrero</u>
Phone No.:	
Owner Name, Address, and Phone No. if Different Than Occupant:	
(b) (6)	(b) (6) (H) (PAGER)

## Site Description:

1) Description of property (circle): single home; duplex; business; school; daycare; church; vacant house; <u>vacant lot</u> ; other _____
2) Problems accessing yards (circle): locked gate; gate; dogs; other _____ resolution: _____
3) Underground utilities installed by owner? (circle): no; water; gas; electric; cable TV; septic tank; other _____ Note location on site sketch.
4) Is any underground ACM present? (circle): yes; no; don't know If yes, note on site sketch. How deep? _____

Site Sketch:



Estimated Volume of ACM: \_\_\_\_\_

Comments:

Date/Time of Interview: 9.27.99 1615

Access Granted (circle): yes; no

Team Members: PW

TRACKING #

2028

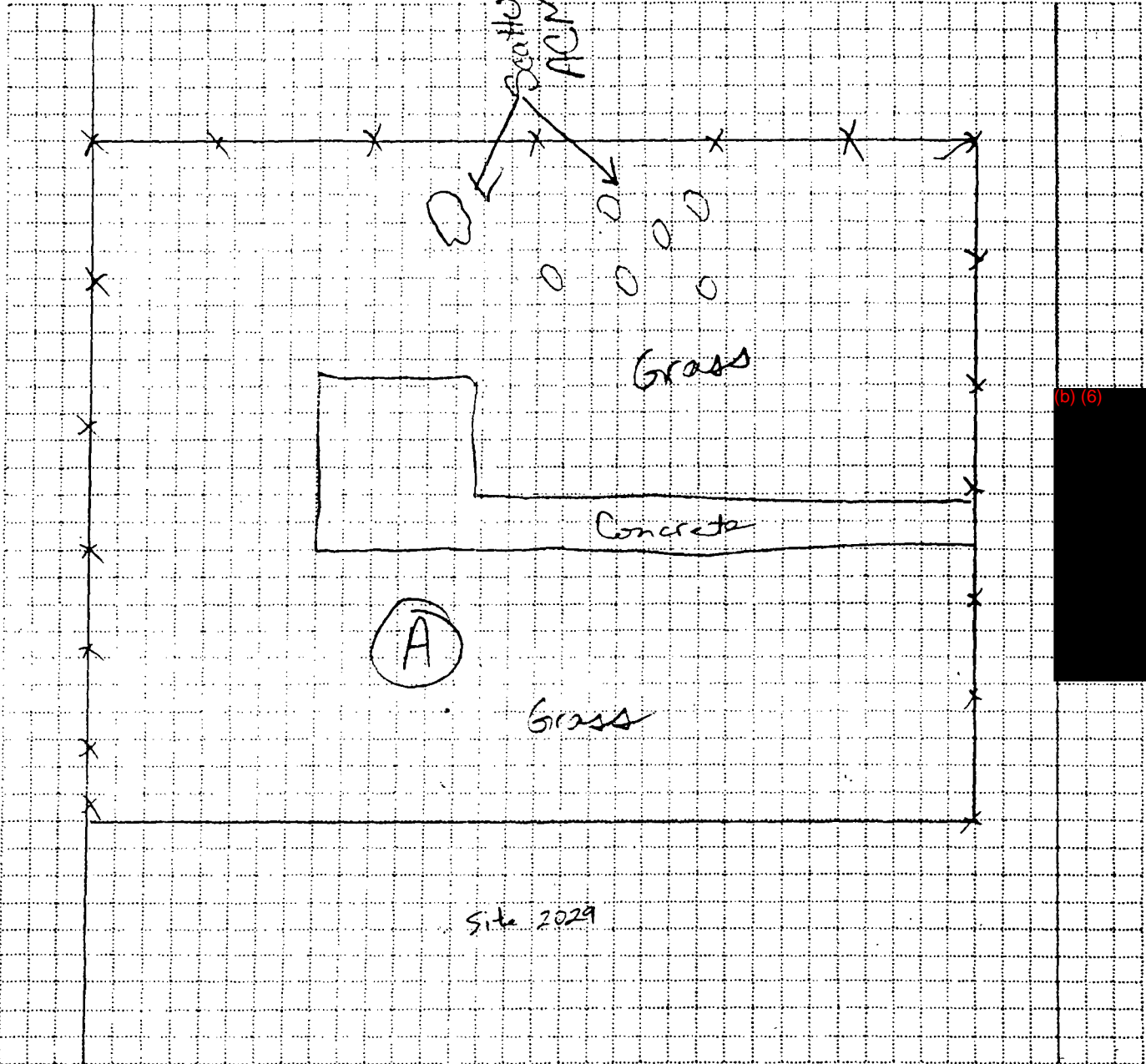
## SITE SKETCH

ADDRESS:

(b) (6)

MB

UPDATED: 11



## NOTES:



RESTORATION: A: Limestone

B:

C:

ARRIVAL: 1450

DEPARTURE:

#	COVER	THICKNESS

RESTORATION

APPROVED BY: OSC/ACE

DATE: 11

OWNER Verbal OK (b) (6)

(AB)

DATE: 12/13/99

TEAM: GD/MB

DATE: 7/23/99

TO IT DATE: 11

**CONSENT FOR ACCESS TO PROPERTY**  
**WESTBANK ASBESTOS SITE**

Property Owner's Name: (b) (6)

Property Address: (b) (6)

State/Zip: 70872

Phone Number(s): (b) (6)

Martinez LA(H)(P)

I hereby consent to officers, employees, and parties authorized by the United States Environmental Protection Agency (EPA) entering and having continued access to my property for the following purposes:

1. The taking of such soil, water, and air samples as may be determined to be necessary;
2. Other actions related to the investigation of surface or subsurface contamination.
3. The performance of a response action including, but not limited to, the following actions:
  - a. Use of mechanical equipment (e.g. small bulldozers, backhoes, or trackhoes and trucks) on the property;
  - b. Removal of asbestos-contaminated material from the property;
  - c. Replacement of removed asbestos-containing material with a like-material (i.e., clean fill, crushed limestone) and regrading of the replaced material to the property's original grade;
  - d. The replacement with locally-available vegetation of any sod, bushes, or trees whose removal was a necessary part of the removal action, and;
  - e. The taking of other actions necessary to migrate releases or threats or releases of hazardous substances, pollutants or contaminants from the property.

I realize that these actions are undertaken pursuant to EPA's response responsibilities under the Comprehensive Environmental Response, Compensation, and Liability Act, as amended (CERCLA), 42 U.S.C. § 9601 et seq. Under those authorities, EPA can only remediate hazardous substances located on such a property.

This written permission is given by me voluntarily with knowledge of my right to refuse and without threats or promises of any kind. By signing this access agreement I am not waiving any rights in law or in equity I may have against any person or party in connection with the response action EPA will perform.

---

DATE

---

SIGNATURE

DRIVER: PLEASE SIGN HERE

Printed on recycled paper

*[Signature]*

Jefferson Parish Landfill  
5800 Highway 90 West  
Avondale, LA 70094-0000

Page: 01 of 01

TICKET NBR

0427520

ORIGINAL

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
E & S EQUIPMENT CO., INC	10	SHERRY	10:45AM	11:05AM	12/17/199
IT CORPORATION P.O. BOX 2935 TORRANCE, CA 90509-0000			GROSS Lbs. : 73,120.00IN-1 TARE Lbs. : 30,400.00OUT- NET Lbs. : 42,720.00		
IT CORPORATION 30 YARDS HAVE A GOOD DAY!!! I, THE DRIVER CERTIFY THAT THE WASTE I DELIVERED ORIGINATED IN JEFFERSON PARISH ONLY.			0001802 ADJUSTED Lbs. : 42,720.00		
SOURCES			OTHER INFORMATION		
SPECIAL WASTE			COMMERCIAL WASTE 57776 ASBESTOS ADVF NO:LA00522 CELL GRID: D-F\250-150/1		
MATERIAL CODE/DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT	
741 --SPECIAL WASTE TONS NO TAX CHARGED	21.36	TONS	\$25.000	\$534.00	
TOTAL AMOUNT				\$534.00	

DRIVER: PLEASE SIGN HERE

Printed on recycled paper

*Joseph L. H.*

Jefferson Parish Landfill  
5800 Highway 90 West  
Avondale, LA 70094-0000

Page: 01 of 01

TICKET NBR

0426586

ORIGINAL

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
VAUGHAN CONTRACTORS	85	SHERRY	7:16AM	7:31AM	12/13/1997

IT CORPORATION  
P.O. BOX 2995  
TORRANCE, CA 90509-0000

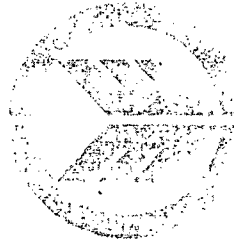
GROSS Lbs. : 55,100.00 IN-1  
TARE Lbs. : 27,300.00 OUT-1  
NET Lbs. : 27,800.00

IT CORPORATION 0001802  
15 YARDS  
HAVE A GOOD DAY!!!  
I, THE DRIVER CERTIFY THAT THE WASTE I  
DELIVERED ORIGINATED IN JEFFERSON  
PARISH ONLY.

ADJUSTED Lbs. : 27,800.00

SOURCES	OTHER INFORMATION
---------	-------------------

SPECIAL WASTE



COMMERCIAL WASTE  
57778 ASBESTOS  
ADVF NO. LA00522 108345 OP

CELL GRID: D-F\250-150/1

MATERIAL CODE/DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT
741 -SPECIAL WASTE TONS NO TAX CHARGED	13.90	TONS	\$25.000	\$347.50
TOTAL AMOUNT				\$347.50

DRIVER: PLEASE SIGN HERE

Printed on recycled paper

Jefferson Parish Landfill  
5800 Highway 90 West  
Avondale, LA 70094-0000

Page: 01 of 01

TICKET NBR

0426531

ORIGINAL

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
B & S EQUIPMENT CO., INC	85	SHIRLE	3:09PM	3:24PM	12/11/199

IT CORPORATION  
P.O. BOX 2995  
TORRANCE, CA 90509-0000

GROSS Lbs. : 53,900.00 IN-1  
TARE Lbs. : 27,100.00 OUT-1  
NET Lbs. : 26,800.00

IT CORPORATION 0001802  
15 YARDS  
HAVE A GOOD DAY!!!

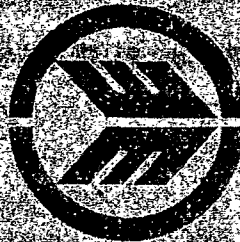
I, THE DRIVER CERTIFY THAT THE WASTE I  
DELIVERED ORIGINATED IN JEFFERSON  
PARISH ONLY.

ADJUSTED Lbs. : 26,800.00

SOURCES	OTHER INFORMATION
---------	-------------------

SPECIAL WASTE

COMMERCIAL WASTE  
57778 ASBESTOS  
ADVF LA00523



CELL GRID: D-F\250-150/1

MATERIAL CODE/DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT
741 - SPECIAL WASTE TONS NO TAX CHARGED	13.40	TONS	\$25.000	\$335.00
TOTAL AMOUNT				\$335.00



STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00522

ADV# NO: LA00522 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY: LOW

\*\*\*\*\*  
1) PROJECT LOCATION/STREET ADDRESS/ZIP 3) ISSUE DATE

RESIDENCE

(b) (6)

BARRERO, LA 70072

10/26/1999

4) EXPIRATION DATE

01/28/2000

2) PROJECT PHONE

7) PROJECT START DATE

11/08/1999

5) CONTRACTOR'S NAME/MAILING ADDRESS/ZIP

IT CORPORATION  
2790 MOSSIDE BLVD  
PITTSBURGH, 15146

8) PROJECT COMPLETE DATE

01/30/2000

6) CONTRACTOR'S PHONE 412-858-3303

9) OWNER'S NAME/MAILING ADDRESS/ZIP

JOHN MANSVILLE INTERNATIONAL  
10100 W UTE ST  
LITTLETON, CO 80127

11) ESTIMATED ACM QUANTITY  
20 CUFT

10) OWNER PHONE 504-436-0152

12) DESIGNATED DISPOSAL SITE

JEFFERSON PARISH LANDFILL

13) PRINTED/TYPED NAME

MICHAEL MARCIANTE

14) SIGNATURE

MAM

\*\*\*\*\*Owner/Operator\*\*\*\*\*

15) WASTE TRANSPORTER  
B&S EQUIPMENT

16) QUANTITY SHIPPED 17) DATE PROJECT COMPLETED  
0 15 CY

18) DISPOSAL SITE  
JEFFERSON PARISH LANDFILL

SHIPPING CLASSIFICATION  
Asbestos, Class 9, NA2212, 111  
RD = 1 15 (.454 Kg)

19) DATE SHIPPED

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

20) Printed Name: STEVEN W. PERRY

21) Signature: Steven W Perry

Date: 12/11/99

\*\*\*\*\*Transporter\*\*\*\*\*

22) DATE RECEIVED 12-13-99

23) DATE DELIVERED 12-13-99

24) PRINTED/TYPED NAME

Joseph Tate

25) SIGNATURE

Joseph Tate

\*\*\*\*\*Landfill\*\*\*\*\*

26) DATE BURIED 12/13/99

27) QUANTITY RECEIVED 0 15 CY

28) PRINTED/TYPED NAME

SHERRY VISOR

29) SIGNATURE

Sherry Visor 12/13/99

30) SPECIAL CONDITIONS OR COMMENTS:

STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00522

WVF NO: LA00522-02 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY: Low

PROJECT LOCATION/STREET ADDRESS/ZIP 3) ISSUE DATE

RESIDENCE

(b) (6)

MARKERU, LA 70072-

PROJECT PHONE

CONTRACTOR'S NAME/MAILING ADDRESS/ZIP

IT CORPORATION  
2790 FOSSIDE BLVD  
PITTSBURGH, 15146-

CONTRACTOR'S PHONE 412-858-3303

OWNER'S NAME/MAILING ADDRESS/ZIP

JOHN HANVILLE INTERNATIONAL  
10100 W LITE ST  
LITTLETON, CO 80127-

OWNER PHONE 304-436-0152

PRINTED/TYPED NAME

MICHAEL MARCIANTE

Owner/Operator

WASTE TRANSPORTER  
B&S EQUIPMENT

DISPOSAL SITE  
JEFFERSON PARISH LANDFILL

DATE SHIPPED 12/17/99

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Printed Name: STEVE PERRY

Signature: Steve Perry

Date: 12/17/99

Transporter

DATE RECEIVED 12/17/99

PRINTED/TYPED NAME

ERNEST Walton

Landfill

DATE BURIED 12/17/99

PRINTED/TYPED NAME

Mona Pigeon

SPECIAL CONDITIONS OR COMMENTS:

12/14/1999

EXPIRATION DATE

03/14/2000

PROJECT START DATE

11/08/1999

PROJECT COMPLETE DATE

01/30/2000

ESTIMATED ACM QUANTITY  
30 CUFT

DESIGNATED DISPOSAL SITE

JEFFERSON PARISH LANDFILL

SIGNATURE

MAM

QUANTITY SHIPPED 30 CY

DATE PROJECT COMPLETED

SHIPPING CLASSIFICATION

Asbestos, Class 9, NA2212, 111  
RB = 1 lb (.454 Kg)

DATE DELIVERED 12/17/99

SIGNATURE

QUANTITY RECEIVED 30 CY

SIGNATURE

Mona Pigeon

12/17/99

COPIES: WHITE-DEQ; GREEN-OWNER; YELLOW-LANDFILL; PINK-TRANSPORTER; GOLD-OWNER



STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00523

WF NO: LA00523-0 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY: Low

PROJECT LOCATION/STREET ADDRESS/ZIP 3) ISSUE DATE

RESIDENCE

(b) (6)

HARVEY, LA 70072

10/08/1999

PROJECT PHONE

4) EXPIRATION DATE

01/28/2000

CONTRACTOR'S NAME/MAILING ADDRESS/ZIP

7) PROJECT START DATE

LI CORPORATION  
2740 BOSSLINE BLVD  
PITTSBURGH, 15146

11/08/1999

8) PROJECT COMPLETE DATE

CONTRACTOR'S PHONE 412-658-3303

01/30/2000

OWNER'S NAME/MAILING ADDRESS/ZIP

11) ESTIMATED ACM QUANTITY

JOHN HANVILLE INTERNATIONAL  
10100 W UTZ ST  
LITTLETON, CO 80127

415 CUB

12) DESIGNATED DISPOSAL SITE

OWNER PHONE 304-406-0152

JEFFERSON PARISH LANDFILL

PRINTED/TYPED NAME

14) SIGNATURE

RICHARD MARCIANO

MIAM

Owner/Operator

WASTE TRANSPORTER  
B&B EQUIPMENT

16) QUANTITY SHIPPED 17) DATE PROJECT COMPLETED

DISPOSAL SITE  
JEFFERSON PARISH LANDFILL

SHIPPING CLASSIFICATION

Asbestos, Class 1, NAC, 10, 10, 10  
RD = 1 10 (1,454 kg)

DATE SHIPPED

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Printed Name: STEVEN M. PERRY

Signature: Steven M. Perry

Date: 12/11/99

Transporter

DATE RECEIVED

23) DATE DELIVERED

PRINTED/TYPED NAME

25) SIGNATURE

DATE BURIED 12/11/99

27) QUANTITY RECEIVED 15

PRINTED/TYPED NAME

29) SIGNATURE

Shirley Hume

Shirley Hume

SPECIAL CONDITIONS OR COMMENTS:

PRINTED WHITE-DEQ; GREEN-OWNER; YELLOW-LANDFILL; PINK-TRANSPORTER; GOLD-OWNER

## **SITE #2029**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
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# EMSL Analytical, Inc.

2301 Central Pkwy, C-13

Houston, TX 77092

Phone: (713) 686-3635 Fax: (713) 686-3645



Attn.: Amanda Bordelar  
Ecology & Environmental  
11550 Newcastle Avenue  
250  
Baton Rouge, LA 70816

Tuesday, January 11, 2000

Ref Number: TX0040

## POLARIZED LIGHT MICROSCOPY (PLM)

Performed by EPA 600/R-93/116 Method\*

Project: 020601RAXX-WESTBANK ASBESTOS

Sample	Location	Appearance	Sample Treatment	ASBESTOS		NON-ASBESTOS	
				%	Type	%	Fibrous % Non-Fibrous
WBS1053-G01		Brown Non-Fibrous Homogeneous	Crushed	3%	Chrysotile		97% Other
WBS1053-G02		Brown Non-Fibrous Homogeneous	Crushed	2%	Chrysotile		98% Other
WBS1053-G03		Brown Non-Fibrous Homogeneous	Crushed	5%	Chrysotile		95% Other
WBS531-G03		Brown Non-Fibrous Homogeneous	Crushed	2%	Chrysotile		98% Other
WBS2029-G01		Brown Non-Fibrous Homogeneous	Crushed	30%	Chrysotile		70% Other
WBS992-G05		Brown Non-Fibrous Homogeneous	Crushed	2%	Chrysotile		98% Other

Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "# of Layers" refers to number of separable subsamples.

\* NY samples analyzed by ELAP 198.1 Method.

Carlos D. Salinas  
Analyst

Approved  
Signatory

Disclaimers: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Thus negative PLM results cannot be guaranteed. EMSL suggests that samples reported as <1% or none detected be tested with either SEM or TEM. The above test report relates only to the items tested. This report may not be reproduced, except in full, without written approval by EMSL. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government. Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples.

Analysis performed by EMSL Houston (NVLAP Air and Bulk #102106, Texas Dept. of Health #30-0159)

WESTBANK ACM REMOVAL PROJECT  
SAMPLE ANALYSIS CONFIRMATION  
USEPA START TEAM

FYI:

SITE# 2029

ADDRESS: (b) (6)  
Marrero

THE SAMPLE ANALYSIS RESULTS FOR THE ABOVE REFERENCED SITE WERE RECEIVED AND WERE EVALUATED BY THE USEPA START TEAM ON \_\_\_\_\_.

BASED ON AN EVALUATION OF THE ANALYTICAL DATA, WE RECOMMEND THE FOLLOWING ACTION:

GRID #: 1 2 3 4 5 6 7 8

A. PROCEED WITH RESTORATION: ☒

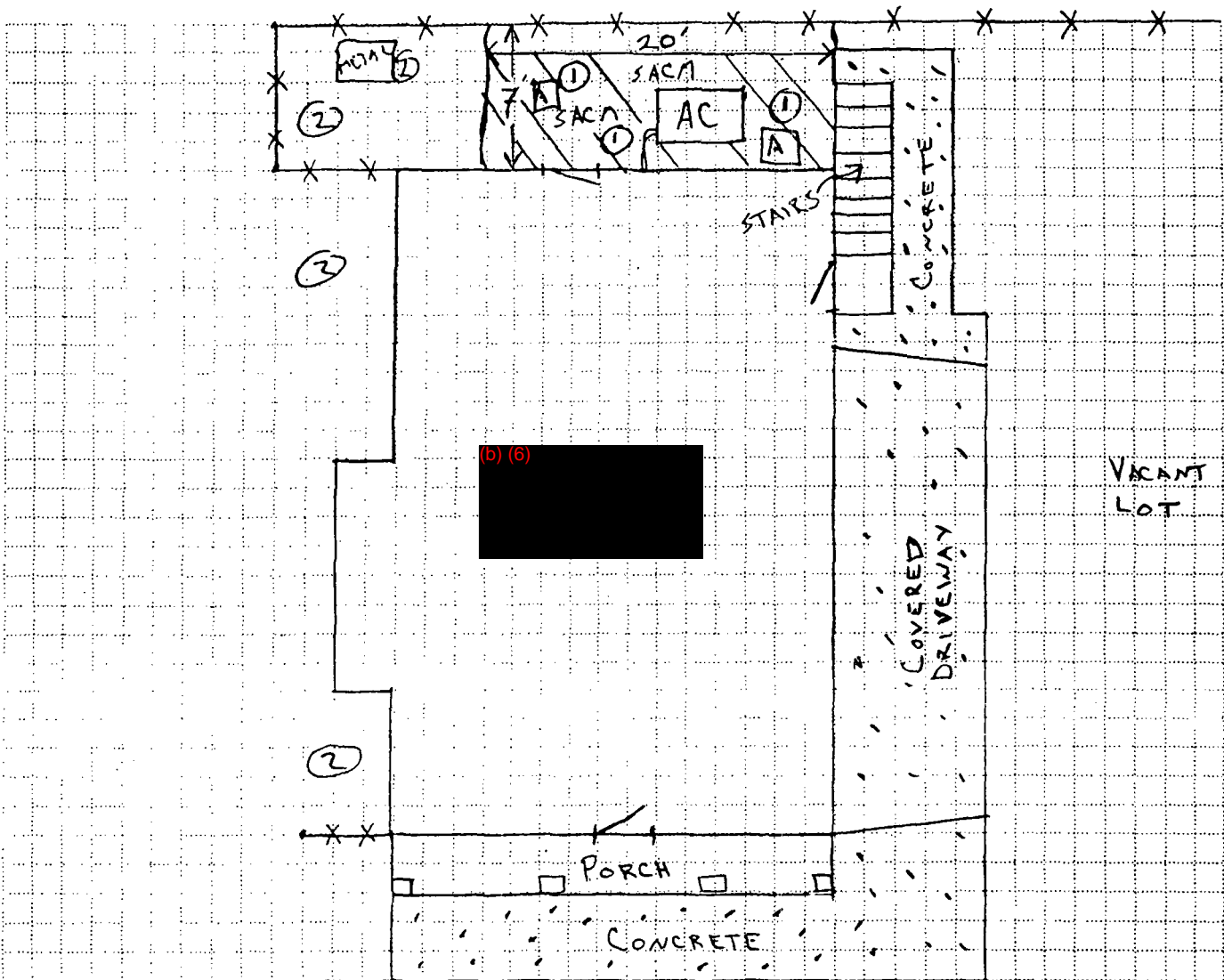
B. FURTHER ACTION NECESSARY: ☐



AUTHORIZED EPA/START REPRESENTATIVE

Amanda Bordelon

UPDATED: 1/1



# NOTES:

N (NTS)

#	COVER	THICKNESS
①	SACM	
②	> 6" SOD/soil	

RESTORATION: A: CONCRETE  
B:  
C:

ARRIVAL:  
DEPARTURE:

RESTORATION  
APPROVED BY: OSC/ACE DATE: 1/1 OWNER VERBAL OK (b) (6) DATE: 11/19/20  
TEAM: JLU DATE: 11/19/99 TO IT DATE: 1/1

## FIELD DATA SHEET 1

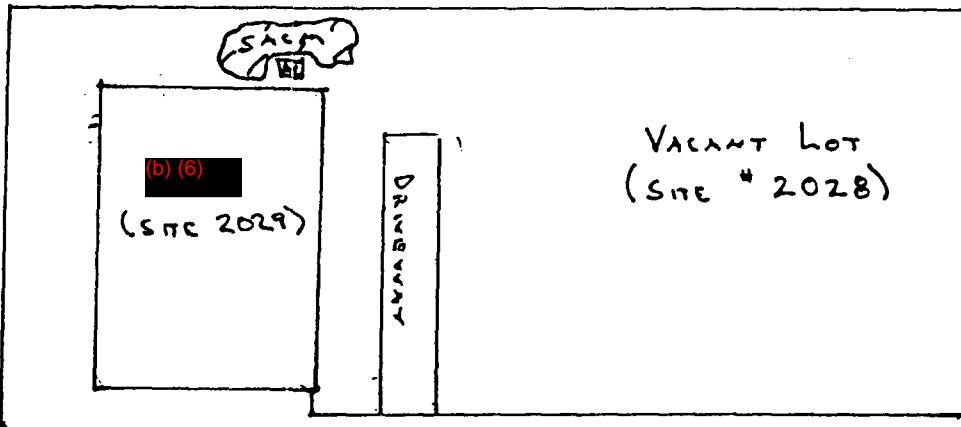
## Site Information:

Occupant: (b) (6)	Interviewee:
Address: (b) (6)	MA
Phone No.: (b) (6) (H)	(b) (6) (PAGER)
Owner Name, Address, and Phone No. if Different Than Occupant: SAME	

## Site Description:

1) Description of property (circle): <u>single home</u> ; duplex; business; school; daycare; church; vacant house; vacant lot; other _____
2) Problems accessing yards (circle): <u>locked gate</u> ; gate; dogs; other _____ resolution: _____
3) Underground utilities installed by owner? (circle): no; water; gas; electric; cable TV; septic tank; other _____ Note location on site sketch.
4) Is any underground ACM present? (circle): yes; no; don't know If yes, note on site sketch. How deep? _____

## Site Sketch:



(b) (6)	
Estimated Volume of ACM: _____	
Comments:	
Date/Time of Interview: 4.27.99 1615	Access Granted (circle): yes; no
Team Members: PA	



DRIVER: PLEASE SIGN HERE

Printed on recycled paper

Jefferson Parish Landfill  
5800 Highway 90 West  
Avondale, LA 70004-0000

Page: 01 of 01

TICKET NO.

0426270

ORIGINAL

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
B & S EQUIPMENT CO., INC.	B5	SHERRY	11:21AM	11:31AM	12/10/199

IT CORPORATION  
P.O. BOX 2985  
TORRANCE, CA 90509-0000

GROSS Lbs. : 36,120.00 IN-1  
TARE Lbs. : 27,200.00 OUT-1  
NET Lbs. : 8,920.00

IT CORPORATION 0001802

15 YARDS  
HAVE A GOOD DAY!!!

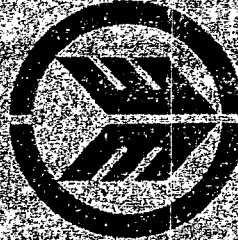
I, THE DRIVER CERTIFY THAT THE WASTE I  
DELIVERED ORIGINATED IN JEFFERSON  
PARISH ONLY.

ADJUSTED Lbs. : 8,920.00

SOURCES	OTHER INFORMATION
---------	-------------------

SPECIAL WASTE

COMMERCIAL WASTE  
57778 ASBESTOS  
ADVF LA00521



CELL GRID: D-F\250-150/4

MATERIAL CODE/DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT
741 - SPECIAL WASTE TONS NO TAX CHARGED	4.46	TONS	\$25.000	\$111.50
TOTAL AMOUNT				\$111.50

STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
P.O. Box 82135  
Baton Rouge, Louisiana 70884-2135

NOT. ID: LA00521

VF NO: LA00521 ASBESTOS DISPOSAL VERIFICATION FORM PRIORITY: Low

\*\*\*\*\*  
PROJECT LOCATION/STREET ADDRESS/ZIP 3) ISSUE DATE

RESIDENCE 10/28/1999

(b) (6) 4) EXPIRATION DATE

MARRERO, LA 70072 01/28/2000

PROJECT PHONE 7) PROJECT START DATE

IT CORPORATION 11/08/1999

2790 MOSSIDE BLVD 8) PROJECT COMPLETE DATE

PITTSBURGH, 15146 01/30/2000

CONTRACTOR'S PHONE 412-858-3303 11) ESTIMATED ACM QUANTITY

OWNER'S NAME/MAILING ADDRESS/ZIP 225 CUFT

JOHN MANSVILLE INTERNATIONAL 12) DESIGNATED DISPOSAL SITE

10100 W. UTE ST. JEFFERSON PARISH LANDFILL

LITTLETON, CO 80127 14) SIGNATURE

1) OWNER PHONE 504-436-0152 MAM

2) PRINTED/TYPED NAME \*\*\*\*\*Owner/Operator\*\*\*\*\*

MICHAEL MARCIANTE 16) QUANTITY 17) DATE PROJECT

\*\*\*\*\* WASTE TRANSPORTER: B&S EQUIPMENT SHIPPED COMPLETED

3) DISPOSAL SITE 0 10 CY

JEFFERSON PARISH LANDFILL SHIPPING CLASSIFICATION

4) DATE SHIPPED Asbestos, Class 9, NA2212, 111

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

5) Printed Name: STEVEN W. PERRY

6) Signature: Steven W Perry Date: 12/10/99

\*\*\*\*\*Transporter\*\*\*\*\*

7) DATE RECEIVED 12-10-99 23) DATE DELIVERED 12-10-99

8) PRINTED/TYPED NAME 25) SIGNATURE

Joseph Tate Joseph Tate

\*\*\*\*\*Landfill\*\*\*\*\*

9) DATE BURIED 27) QUANTITY RECEIVED 0

10) PRINTED/TYPED NAME 29) SIGNATURE

SHERRY VISOR Sherry Visor 12/10/99

\*\*\*\*\* SPECIAL CONDITIONS OR COMMENTS: \*\*\*\*\*

COPIES: WHITE-DEQ; GREEN-OWNER; YELLOW-LANDFILL; PINK-TRANSPORTER; GOLD-OWNER